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Supervision Competencies for Counselor Education Doctoral Graduates: A Delphi Study

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**SUPERVISION COMPETENCIES FOR COUNSELOR EDUCATION DOCTORAL
GRADUATES: A DELPHI STUDY**

by

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ABSTRACT

SUPERVISION COMPETENCIES FOR COUNSELOR EDUCATION DOCTORAL GRADUATES: A DELPHI STUDY

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Old Dominion University, 2011
Chair: Dr. Tim Grothaus

Counselor educators and supervisors are familiar with the use of competencies for training future clinicians but the extant literature lacks a set of competencies for use in training future counselor supervisors. The purpose of this study was to develop and validate a list of supervision competencies experts agree should be demonstrated by new doctoral counseling graduates for their work with master's students, pre-licensed or licensed counselors, and doctoral students. The research design included two expert panels, an amended Delphi poll, and a content validity assessment. These procedures resulted in a consensus list of 33 supervision competencies that appear to be a valid representation of supervision competencies expected of counseling doctoral graduates.

For Colleen

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CHAPTER ONE

INTRODUCTION

Overview of the Research Problem

Doctoral programs in counselor education are the training ground for clinicians, future counselor educators and supervisors, and the development of new research in our field. One key goal of doctoral training programs in counselor education is to facilitate the development of doctoral students' supervision competencies to ensure effective supervision of future clinicians (Hays & Neuer, 2010; J. Bernard, personal communication 7/31/10; L. D. Borders, personal communication 6/12/10). Most doctoral students who complete their programs and remain in the profession will be charged with providing clinical supervision, either in the field to pre-licensed or licensed counselors, in master's programs to counselors in training, or in doctoral programs to supervisors in training. The majority of doctoral graduates have limited clinical experience, or gained such experience during their program via practicum and internship. Conversely, master's level supervisors in the field typically have been required to demonstrate a certain number of years as a fully licensed clinician, along with additional training in supervision (AASCB, 2007; CCE, 2009). Given both the importance of supervision for the development of effective and ethical counseling practitioners (Emilsson & Johnson, 2007; Tyson, Culbreth, & Harrington, 2008) and the apparent increase in the number of incidents of trainees in the helping professions reporting harmful and/or inadequate supervision (Burkard, Knox, Hess, & Schultz, 2009; Creaner, 2009; Ellis, D'Luso, & Ladany, 2008; Gray, Ladany, & Walker, 2001; Magnuson, Wilcoxon, & Norem, 2000), the need for quality assurance in the training of new doctoral supervisors appears to be

warranted. Yet the counseling profession seems to lack a clear set of guidelines by which doctoral students' supervision competency could be measured and evaluated (Bernard & Goodyear, 2009; Green & Dye, 2002; Rings, Genuchi, Hall, Angelo, & Erickson Cornish, 2009). Despite numerous contributions to the literature suggesting possible counselor supervision competencies, to date no such list has been developed, validated and empirically tested (Bernard & Goodyear, 2009; Borders & Brown, 2005; Corey, Haynes, Moulton, & Muratori, 2010). The goal of this study was to develop and validate a consensus list of competencies that doctoral student supervisors in training (SITs) should be expected to demonstrate by the time they complete their programs and enter the field of counseling and counselor education as advanced professionals.

Brief Summary of the Relevant Literature

Supervision's emergence as a discipline distinct from counseling is still a relatively new phenomenon (Bernard & Goodyear, 2009; Borders, 1989, 2006; Corey et al., 2010). While strategies for supervising counselor trainees have been studied fairly extensively, there is a dearth of literature reviewing the training, development and evaluation of counseling supervisors (Borders, 2006). A five-year review of the supervision literature in counselor education (1999 – 2004) identified 203 articles in 15 professional journals, with only seven pieces focused on the training and competence of supervisors (three conceptual, three quantitative, and one qualitative), and no articles on methods and standards for evaluation of supervisor trainees (Borders, 2006). Researchers in the field of professional psychology have noted the incongruence of acknowledging the importance of effective and ethical supervision but not having agreed-upon guidelines

with which to perform and teach this valuable service (Benjamin, 2001; Green & Dye, 2002; Rings et al., 2009; Sumerall, Lopez, & Oehlert, 2000).

Although the profession of psychology offers multiple references to supervision competencies, this is not the case in the current counseling literature (Corey et al., 2010; Ellis et al., 2008; Scott, Ingram, Vitanza, & Smith, 2000; Stoltenberg, 2008). With the American Counseling Association's (ACA) edict in their ethical code prohibiting provision of services unless one is well trained and competent (ACA, 2005), the absence of agreement on competencies needed for new counseling supervisors appears to merit concern. The profession calls for competence in the area of clinical supervision, but we currently do not have agreed upon guidelines suggesting which competencies are needed.

The aforementioned psychology supervision competencies may serve as a reference or a guide for the development of salient supervision competencies in counselor education. Yet, because psychology and counseling are disciplines rooted in different philosophical foundations, it is likely that our approaches to supervision may have some variance as well (Gilbert, 2009). In the field of counseling, supervision standards and competencies exist- e.g., those developed by the Association for Counselor Education and Supervision (ACES, 1993); the Center for Credentialing and Education (CCE) as part of the Approved Clinical Supervisor (ACS) credential (CCE, 2008); and the American Association of State Counseling Boards (AASCB, 2007), yet none are used as a consensus guideline to measure the progress of supervisors in training. Still, current research supports the need for such a consensus list of supervision competencies (Ellis, Siembor, Swords, Morere, & Blanco, 2008; Falender et al., 2004; Rings et al., 2009).

The existence of several different lists of supervision competencies has not resulted in a singular set of supervision standards for our profession, nor a method for determining the mastery of such skills by doctoral student supervisors in training in the field of counselor education. A supervision competency list developed and endorsed by leaders in the field of counselor education and supervision could invite improved strategies for training, assessment, and evaluation of doctoral student supervisors in training, and could lead to better supervision outcomes for current master's students, and possibly for new professionals receiving pre-licensure supervision (Bernard & Goodyear, 2009; Corey et al., 2010; Green & Dye, 2002; Rings et al., 2009).

Rationale for the Study

Several factors suggest the possible benefit of this research for the field of counselor education and supervision. Most notably, current studies indicate the importance of the quality of counselor supervision: numerous works correlate adequate and effective supervision with positive counseling outcomes, healthy counselor development, and enhanced ethical practice by counselors (Creaner, 2009; Emilsson & Johnsson, 2007; Getz, 1999; Hays & Neuer, 2010; Magnuson et al., 2000; Tyson et al., 2008). Since supervision plays such an important role in new counselor development, counselors in training are best served by supervisors well-trained in the discipline of supervision and judged to be competent by professional representatives in the field (Ellis et al., 2008; Magnuson et al., 2000; Rings et al., 2009; Watkins, 1999).

Although the importance of developing counselor supervision competence appears to be apparent, doctoral students receiving supervision of their supervision have reported confusion in their role (Frick, 2009; Haley, 2002; Hays & Neuer, 2010; Lyon,

Heppler, Leavitt, & Fischer, 2008; Majcher & Daniluk, 2009; Wheeler & King, 2000), and faculty supervisors of doctoral supervision have reported disagreement about training standards (Rings et al., 2009; Scott et al., 2000). This suggests a possible benefit of better clarity regarding role induction, gatekeeping responsibilities and training goals for doctoral student supervision training (Bernard & Goodyear, 2009; Borders & Brown, 2005; Corey et al., 2010). Improved clarity regarding the competencies needed at this level of training may also assist doctoral graduates in providing more effective supervision for post-master's counselors.

Data gathered from this study may also serve as a foundation for future quantitative studies that seek to measure the efficacy of supervision training for doctoral students (Bailey, 2004; Baker et al., 2002; Ellis et al., 2008; Emilsson & Johnson, 2007). Items generated may also assist training programs for supervisors in shaping their processes and requirements. As a response to the current lack of research on this topic in the counseling field, the researcher polled a panel of experts in the field of counseling supervision using the Delphi method (Linstone & Turoff, 2002) in order to develop a consensus list of supervision competencies needed by new doctoral graduates. The resulting list was scrutinized through a content validity assessment utilizing a second set of experts (Lawshe, 1975).

Research Question

The purpose of this study was to develop and validate a list of supervision competencies that doctoral students should develop prior to graduating and serving as professionals in the fields of counseling and/or counselor education and supervision. Specifically, these competencies include the supervisory knowledge, skills, and attitudes

that experts in the field of counseling supervision agree are needed for doctoral level supervisors to practice effectively. The research question for this investigation was:

- What supervisory knowledge, attitudes and skills are needed for new doctoral graduates from counselor education programs to ethically and effectively provide supervision?

Operationalized Variables

The following terms are used throughout this study:

Experts - Must hold a Ph.D. or Ed.D. in Counselor Education, Counseling with an emphasis in Education, Counselor Education and Supervision, or Counseling Psychology (CACREP, 2009; CCE, 2008); must have been actively involved in the direct training of counselor education and supervision doctoral student SITs for at least three years, and must have received some formal training in the practice of counselor supervision.

Faculty supervisors - Doctoral level faculty members who provide supervision training and supervision-of-supervision to doctoral student supervisors in training (SITs).

SIT - Supervisor-In-Training. Doctoral students who are receiving supervision from a doctoral faculty member while concurrently providing supervision to master's level counseling students.

CIT - Master's level counseling students who are providing counseling services to clients in a variety of practicum and internship settings,

and who are receiving clinical supervision from a doctoral student SIT.

Supervision - An evaluative process where a more experienced member of the profession provides guidance and direction to a less experienced member of the profession for the purposes of protecting client welfare, developing trainee skills/competencies, and gatekeeping for the profession (Bernard & Goodyear, 2009).

- Includes clinical supervision, i.e., related to services to clients, and administrative supervision, i.e., related to professional development and policies/procedures in the workplace (Tromski-Klinshirn, 2007; Tromski-Klinshirn & Davis, 2007).
- Includes supervision that may take place in a variety of formats, including individual, triadic, and group (Newgent, Davis & Farley, 2004; Nguven, 2004).

Competencies – The knowledge, skills, and attitudes necessary for supervisors to ethically and effectively provide counselor supervision. Possible supervision competencies may include, but are not limited to, the following areas (Ancis & Ladany, 2010; Bernard & Goodyear, 2009; Corey et al., 2010; Dressel et al., 2007; Falender et al., 2004; Lombardo, 2008; Moorhouse, 2009; Milne et al., 2008; Rings et al., 2009; Scott et al., 2000; Theislen & Leahy, 2001):

- Supervision theories, models, and techniques.

- Effective promotion of counselor development (e.g., via an optimal blend of support and challenge with supervisees)
- Helping supervisees develop their own theoretical orientation and their own style of counseling
- Multicultural competencies in supervision
- Promoting supervisee professional identity development
- Ensuring ethical proficiency in supervisees
- Establishing effective working alliance with supervisees
- Managing conflict in the supervisory relationship
- Identifying and managing parallel process
- Identifying and managing countertransference and transference

Overview of Methodology

The Delphi method employs both qualitative and quantitative strategies (Iqbal & Papon-Young, 2009; Linstone & Turoff, 2002). An initial open-ended question is asked of a panel of subject matter experts (SMEs), with follow-up rounds for the experts to evaluate the aggregate list of items in terms of their importance and relevancy to the list being developed (Linstone & Turoff, 2002). The panel of experts for this study included members of the counselor education profession with demonstrated proficiency and interest in the area of counselor supervision. Upon completion of the Delphi poll, a

Content Validity Assessment (Lawshe, 1975) was conducted to lend further reliability and generalizability to the list. Using this method, an additional panel of SMEs rated each item as either *Essential*, *Helpful but not necessary*, or *Not Necessary*. A content validity ratio (CVR) was computed, based partially on the percentage of SMEs who rated the item as “Essential”.

Prior to the initiation of data collection, the researcher worked together with a research team to develop a list of *a priori* codes from the professional literature on counselor supervision (Corbin & Strauss, 2008). These included a compilation of specific supervision competencies found in the literature. Sources of appropriate literature were determined, and each member of the team individually extracted competencies before meeting together as a group for consensus coding of the literature (Corbin & Strauss, 2008). Upon receipt of responses from the experts in Round One of the Delphi Poll, open and consensus coding (Corbin & Straus, 2008) with a second research team was used to identify and collapse items shared by the experts. This consensus coding process generated a list of supervision competencies, co-created by the expert panel. A third research team then worked together with the primary researcher to compare, contrast, and blend these results, via axial coding, with the *a priori* codebook developed from the literature. The resulting aggregate list of items was sent to the experts for round two. In this phase of data collection, experts rated each item on a 6-point Likert scale, indicating the degree to which they believed counseling doctoral graduates should be able to behaviorally demonstrate the item. Means and standard deviations were calculated for each item following data collection in Round Two. Items which met the thresholds established by the researcher for means and standard deviation were not be

sent back to the experts for further review, as these benchmarks inferred consensus. In Round Three of the Delphi poll, items not meeting the thresholds established for consensus were sent back to the expert panel to be re-rated in an effort to establish consensus. In the Delphi methodology, each round of ratings comes with an expectation of closer consensus regarding the appropriateness or value of items (Green & Dye, 2002; Linstone & Turoff, 2002), providing the rationale for items not meeting the established thresholds to be re-rated.

In Part II of the study, a second set of experts provided data to establish content validity (Lawshe, 1975; Wilson, 2009). The experts rated each item developed in the Delphi poll as either *Essential*, *Helpful but not necessary*, or *Not Necessary*. Content Validity Ratios (CVRs) were computed for each item. Items meeting or exceeding the critical CVR value at the alpha level of .05 as indicated by the Lawshe (1975) method were kept, while others were deleted. The end result is a list of supervision competencies grounded in scholarly literature, co-created by experts in the field of counseling supervision, and validated by a second set of experts.

There were several delimitations to this study established by the researcher and the Dissertation Committee. Participants were recruited by purposive, convenience and snowball sampling, beginning with people known by the researcher to meet the eligibility requirements of the study, then by perusing websites of doctoral programs accredited by the Council for Accreditation of Counseling and Related Programs (CACREP) for faculty members citing an interest in supervision and/or posting an appeal on the Counselor Education and Supervision Network (CESNET) listserv, and then by contacting personal referrals from these initial contacts. Specific efforts were made to recruit a diverse panel

of experts, including a variety of racial/ethnic backgrounds, counseling specialty areas, and theoretical orientations to supervision. While there is no required number of participants for use in the Delphi method, between 10 and 50 experts are recommended (Iqbal & Pison-Young, 2009; Linstone & Turoff, 2002). Higher numbers of experts are recommended due to anticipated attrition of participants during multiple rounds of data collection (Dressel et al., 2007; Milsom & Dietz, 2009; Theislen & Leahy, 2001).

Summary

The purpose of this study was to develop and validate a list of supervision competencies that doctoral students should develop prior to graduating and serving as professionals in the fields of counseling and/or counselor education and supervision. This chapter provided an overview of the research problem, a brief summary of the related literature, an examination of the rationale for the study, the statement of the research question, an operationalized definition of key terms, and an overview of the methodology. The next chapter will provide a more in-depth review of the available literature on counseling supervision competencies. Chapter Three will present details on the Delphi Poll and Content Validity methodologies to be used in this study. Results of the research will be presented in Chapter Four, and discussion of implications and limitations is included in Chapter Five. Chapter Six offers a manuscript to be submitted for publication.

CHAPTER TWO

REVIEW OF THE LITERATURE

In order to establish a rationale for the present study, this chapter provides an overview of the literature associated with the topic of supervisor competencies for counselor education doctoral student supervisors in training (SITs). Applicable research will be highlighted and areas within the topic that appear to warrant additional study will be identified. A foundation for future research that may benefit the field of counselor education and supervision beyond this study will also be suggested. Additionally, methods of inquiry to investigate supervision competencies for doctoral student supervisors in training (SITs) will be reviewed and evaluated.

Supervisors carry significant responsibility in their roles as trainers of clinicians, as illustrated by the definition of supervision offered by Bernard & Goodyear (2009):

“Supervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession” (p. 7).

This definition highlights the impact of supervision on clients, counselor trainees, and the general public. Given the complex nature of supervision indicated in the definition above, it appears that doctoral student supervisors in training, as well as the doctoral faculty who support them, may benefit from a list of competencies to assist in the development and evaluation of supervision skills (Emilsson & Johnson, 2007; Falender et al., 2004; Haley, 2002; Majcher & Daniluk, 2009; Nelson et al., 2006; Rings et al., 2009). Research demonstrates the connection between effective counselor supervision and stronger counseling outcomes with clients (Creaner, 2009; Emilsson & Johnsson, 2007; Getz, 1999; Magnuson et al., 2000; Tyson, Culbreth, & Harrington, 2008), lending support for a focus on supervisor competency.

While there is some research noting an apparent rise in ineffective supervision (Ellis et al., 2008; Gray, Ladany, & Walker, 2001; Magnuson et al., 2000), supervisors remain the parties accountable and liable for the clinical work their supervisees perform with clients (American Association for State Counseling Boards, AASCB, 2007; American Counseling Association, ACA, 2005). This suggests the importance of supervisor competence as a professional issue. Further, supervisor competence could become a financial and possibly a career threatening issue, with the possibility of litigation associated with alleged incompetent, unprofessional, and/or unethical work of their supervisees (Bernard & Goodyear, 2009; Corey et al., 2010; Guest & Dooley, 1999; Snider, 1985; Tyson et al., 2008).

In addition to the applications to supervisor training, counselor development, and professional/legal issues, there is the matter of ethical compliance. The ACA 2005 Code of Ethics states that counselor educators and supervisors only provide services for which

they are trained and qualified; therefore, supervisors are ethically bound to demonstrate the training and qualifications they have to render this service (ACA, 2005). This is especially important in light of the relational dynamic in which the supervisor has more power than the supervisee (Bernard & Goodyear, 2009; Borders & Brown, 2005; Corey et al., 2010). Despite this ethical obligation, instances of harmful and/or inadequate supervision, as reported by supervisees, are apparently increasing (Ellis, 2001; Ellis, D'Luso, & Ladany, 2008; Gray et al., 2001; Jacobs, 1991; Magnuson, Wilcoxon, & Norem, 2000).

Supervisors come to their role in a variety of ways (Bernard & Goodyear, 2009; Borders & Brown, 2005). These may include: completing a doctoral program, providing evidence of having been licensed for a number of years coupled with a certain number of hours of professional development in supervision training, receiving supervision of supervision, completing formal coursework in the area of supervision, or some combination of these items (AASCB, 2007; CCE, 2008). It is beyond the scope of this research to focus on all populations of supervisors; the present study will focus on doctoral graduates in counselor education and supervision. Doctoral graduates typically go on to work either as counselor educators or advanced clinicians. In either case, they usually bear some responsibility in the supervision of developing clinicians.

This literature review indicates topics salient to the topic of supervisor competency at the doctoral level, including: supervision as a specialized discipline; contributions from related disciplines; salience of supervision models, theories, and instruments to the establishment of supervision competencies; multicultural considerations; efforts at competencies from within the field of counselor education;

doctoral students' experiences of concurrently providing and receiving supervision; effective and ineffective supervision practices; and appropriate methods of inquiry. The first topic to be address is the examination of supervision as a specialized discipline.

Supervision as a Specialized Discipline

Supervision, as a practice distinct from that of counseling, has been studied in recent years (Borders & Leddick, 1988; Borders, 2006; Dye & Borders, 1990; Falender & Shafranske, 2008; Haynes, Corey, & Moulton, 2003; McMahon & Simmons, 2004; Tyler, Sloan, & King, 2000). It has been aptly observed that, although there is some overlap of transferable skills (e.g., active listening, immediacy, case conceptualization), being an effective counselor does not infer that one will also be an effective supervisor (Baker, Exum, & Tyler, 2002; Bernard & Goodyear, 2009; Emilsson & Johnson, 2007; Falender & Shafranske, 2008; Henderson, 2006; Scott, Ingram, Vitanza, & Smith, 2000). Although many models of supervision noted in textbooks and training manuals point to the inclusion of the counselor "role" in the process of providing supervision (Baird, 2008; Bernard & Goodyear, 2009; Borders & Brown, 2005; Corey et al., 2010), there seems to be agreement in the field that counseling and supervision involve different skills and competencies (Baird, 2008; Baker et al, 2002; Bernard & Goodyear, 2009; Borders, 2006; Corey et al, 2010; Emilsson & Johnson, 2007; Falender et al, 2004; Falender & Shafranske, 2008; Green & Dye, 2002; Rings et al, 2009).

A five-year review of the supervision literature in counselor education (1999 – 2004) identified 203 articles in 15 professional journals, with only seven pieces focused on the training and competence of supervisors (three conceptual, three quantitative, and one qualitative), and no articles on methods and standards for evaluation of supervisor

trainees (Borders, 2006). The conceptual articles were all focused on supervisor training, primarily noting the lack of supervisor training, and offering proposed strategies to address this issue (Britton, Goodman, & Rack, 2002; Getz, 1999; Manzanares et al., 2004). The quantitative pieces were also focused on supervisor training, with two of them utilizing a control-group experimental design to test supervisor development and skill acquisition (Baker, Exum, & Tyler, 2002; McMahon & Simmons, 2004).

In her review of these studies, Borders (2006) noted the difficulty in collecting adequate sample size to conduct empirical research in supervisor training. Baker et al. (2002) utilized a sample of only 19 participants, with 7 of them serving in a control group, rather than an alternative-treatment group. Their results lent support for supervisor competencies in the following ways: attending to supervisee feelings, deciding how much direction to give the supervisee, and being self-aware regarding personal responses to supervisees. However, these results lack generalizability due to sample size and appear to contribute little toward a benchmark set of supervision competencies for counseling doctoral graduates. McMahon & Simmons (2004), in an exploratory study, utilized the Clinical Supervision Questionnaire to evaluate a training program for teaching the practice of supervision to 16 practicing counselors. The results did lend support to the provision of supervision training, but they also raised the question of the need for a set of universal guidelines for the continued development of training programs.

The third quantitative article was a supervision of supervision study conducted in Britain (Wheeler & King, 2000). The authors noted that ethical issues, boundary issues, and supervisee competence were the most frequently discussed items in the supervision they provided and in the supervision they received (Wheeler & King, 2000), suggesting

these items may be considered for inclusion on a list of supervision competencies. Only one study directly related to supervision competency was located in the Borders (2006) review. The qualitative research utilized an interview protocol with 11 counselors and counselor educators, and the authors identified six overarching principles of “lousy” supervision, basically indicating that ineffective supervisors were either unskilled and/or not invested in the work (Magnuson et al., 2000).

Although supervision and its distinction from counseling has been a topic of some discussion, most of the attention in the supervisory literature has been given to the process of supervision and the experiences of supervisees, while comparatively little has been written about the training, development and growth of competent supervisors (Borders, 2006; Corey et al., 2010; Ellis et al., 2008; Falender et al., 2004; Falender & Shafranske, 2008; Green & Dye, 2002). Still, standards of accreditation for doctoral counseling programs, as well as state licensure boards, require that supervisors demonstrate both knowledge and skills in supervision theory, models, ethics, and multicultural applications (AASCB, 2007; Aten, Madson, & Kruse, 2008; Bailey, 2004; Baker, Exum, & Tyler, 2002; Borders, 2006; CACREP, 2009; Culbreth, 2001; Ellis, D’Iuso et al., 2008; Granello, Kindsvatter et al., 2008; Haley, 2002; Haynes, Corey et al., 2003; Schecter, 1990, Scott, Ingram, Vitanza, & Smith, 2000). The present study aims to assist in this area by creating a consensus set of supervision competencies which might serve as a foundation for a measurable way to assess the skill development of doctoral student supervisors in training. Contributions to such a list from other helping professions outside of counselor education will be discussed in the next section.

Contributions from Other Disciplines

Researchers in the field of professional psychology have acknowledged the importance of effective and ethical supervision as well as the lack of agreed-upon guidelines with which to perform, teach, and evaluate this valuable service (Benjamin, 2001; Green & Dye, 2002; Falender et al, 2004; Rings et al., 2009; Sumerall, Lopez, & Oehlart, 2000).

An amended Delphi method survey was conducted to develop training standards for clinical psychology supervisors in Britain (Green & Dye, 2002). The subject matter experts included directors (with overall responsibility for training programs), tutors (responsible for clinical placements and training supervisors), managers (responsible for ongoing professional development), and experienced and novice clinical supervisors. In contrast with the traditional Delphi method (Linstone & Turoff, 2002), which involves three rounds of inquiry and features the generation of items from experts' responses in the first round of inquiry, Green and Dye (2002) developed a list of supervision competencies based on a review of the literature, existing programs for training supervisors, and their own professional guidelines/codes of ethics. Developing the list in advance facilitated the use of two rounds of rating, and eliminated the need for the first round of creating items for the list. The researchers gave participants an opportunity to add their own thoughts to the list, and ultimately, 5 items were added to the original list of 45, ending the study with 50 items focused on ethics, gatekeeping, multicultural competence, and administrative competence (Green & Dye, 2002).

The list identified by Green and Dye (2002) focused on components of an introductory training course for psychology supervisors in Britain, while the current study

focused on supervision competencies that counseling doctoral graduates in the U.S. should be able to demonstrate by the time they complete their programs of study. Green and Dye (2002) included novice supervisors on the expert panel, whereas the current study exclusively used seasoned professionals in counselor education and supervision. Additionally, the current research offered additional cross-validation of the Delphi poll results through the execution of a content validity assessment (Lawshe, 1975; Wilson, 2009).

As representatives of the supervision workgroup at a professional psychology conference held in Scottsdale, Arizona in November 2002 (*Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology*), Falender et al. (2004) developed a consensus statement of supervision competencies for the practice of psychology supervision. The statement reflects the outcome of three days of discussion and consensus building among 14 psychologists who were recruited for the task based on their engagement in the administration, teaching, training and provision of supervision. Results from Green and Dye (2002) were not cited among the references used in developing these competencies. Falender et al. (2004) utilized in-person consensus building as the method for the development of the competency list they created, whereas the current study utilized experts from remote locations. One advantage to the Delphi method is that experts are unlikely to unduly influence one another (Linestone & Turoff, 2002; Stone Fish & Busby, 2005).

The framework developed by Falender et al. (2004) encompasses 43 competencies in 6 domains areas: knowledge, skills, values, social context overarching issues, training of supervision competencies, and assessment of supervision

competencies. Additionally, this study suggested training and assessment guidelines for supervisor development. Counseling psychologists Rings et al. (2009) tested the Falender et al. (2004) competencies in an exploration of predoctoral training director's level of agreement with those competencies. Rings et al. (2009) created the *Supervision Competencies Framework Survey* (SCFS), a 36-item instrument matching the components within each of the core competency areas outlined in the Falender et al. (2004) study. The instrument was administered to 184 training directors of internship sites for psychology doctoral students. Results indicated that, while participants generally agreed with the importance of the components suggested by Falender et al. (2004), they varied significantly in how the operationalization of these competencies informed supervision training strategies (Rings et al., 2009). Rings et al. (2009) noted that the items in the SCFS may serve as a preliminary framework for assessing psychology supervision competencies and discussed the ultimate value in "further defining and possibly establishing a set of clinical supervision competencies" (Rings et al., 2009, p. 145).

In the field of social work, supervision is typically referred to as "fieldwork instruction" (Bogo, Regehr, Power, & Regehr, 2007; Busse, 2009; Chui, 2010; Henderson, 2010; Homonoff, 2008). Several social work researchers have examined the dissonance reported by those who serve as fieldwork instructors for social workers, citing issues such as power dynamics with supervisees (Chui, 2010), conflict between site supervisors and off-site supervisors (Henderson, 2010), managing the differences between coaching and supervising (Busse, 2009), and resolving relationship issues in their role as gatekeepers (Bogo et al., 2007). In a conceptual piece from the social work

field, Homonoff (2008) called for the development of fieldwork instructor competencies, including: the ability to teach skills to supervisees; offering reflection and encouragement; teaching therapists to connect theory with practice; along with helping therapists develop an integrated model of supervision, apply research to practice, show appropriate support for supervisees, and uphold the mission of fieldwork education. This list shows items similar to some of the other efforts at supervision competencies development (Falender et al., 2004; Green & Dye, 2002; Lombardo, 2008; Moorhouse, 2009), but has not been empirically tested. The current study will combine expert opinion with pre-existing literature, followed by ratings from two separate panels of experts.

Studies from related fields have offered ideas and have called for the development of a list of counselor supervision competencies (Falender et al., 2004; Green & Dye, 2002; Rings et al., 2009). While the fields of psychology and social work are qualitatively different disciplines than counseling (Enns, 1993; Kleinke & Kane, 1998; Whitley, 2010), each with its own unique set of foundational assumptions about the helping process, the apparent helpfulness of a consensus list of supervisor knowledge, attitudes, and skills needed to ethically and effectively provide supervision appears to welcome in all three helping disciplines. The current study assessed expert opinion to identify consensus on the supervision competencies necessary for doctoral counseling graduates to perform effective, ethical supervision. It is possible that the results of this study could be applied more generally to other professional helping disciplines.

Supervision Models, Theories, and Instruments

Since the initial focus on counselor supervision as a discipline separate from counseling appeared to emerge in the late 1980's (Borders & Leddick, 1988), a number of theories and models for counselor supervision, as well as for supervisor development, (e.g., discrimination, integrated developmental, interpersonal, structured, etc.) have been proposed (see Baird, 2008; Bernard & Goodyear, 2009; Borders & Brown, 2005; Corey et al., 2010), and each of them may influence the supervision competencies that the theories adherents would support. For example, supervisors who identify most with psychodynamic supervision models would be likely to focus on supervision competencies such as parallel process, supervisory working alliance, and choosing a primary supervision mode (Frawley-O'Dea & Sarnat, 2001). Alternatively, supervisors who identify most with developmental approaches to supervision may be more likely to focus on supervision competencies such as accurately identifying the supervisee's stage of development and appropriately choosing supervision interventions that match the supervisee's stage of development (Ronnestad & Skovholt, 2003; Stoltenberg, McNeill, & Delworth, 1998). Supporters of social role theories may direct their attention to supervision competencies such as accurately assessing the specific presenting situation from the supervisee or facilitating the development of the supervisee's chosen theoretical orientation (Bernard, 1997; Hawkins & Shohet, 2000; Holloway, 1997). For this reason, generating a valid and generalizable list of supervision competencies grounded in expert opinion was most likely to occur if the panel of experts represents a wide variety of theoretical orientations with regard to counselor supervision.

Instruments used to evaluate the various parts of the supervision process also elucidate other possible supervision competencies. For example, in the “Supervisor’s Toolbox” portion of their text, Bernard and Goodyear (2009) referenced an unpublished scale for leading group supervision developed in 2002 by F. Arcinue (cited in Bernard & Goodyear, 2009, p. 327). This scale identifies a variety of supervision competencies, some of which include those related to teaching of techniques, encouragement of supervisee input, assistance with case conceptualization, and providing appropriate structure.

Other instruments include the “Supervisee Perceptions of Supervision” questionnaire measures role ambiguity and role conflict and highlights such supervision competencies as creating a safe environment for disagreeing with the supervisor’s recommendations, modeling ethical behavior, and providing clear feedback to supervisees (Olk & Friedlander, 1992). The “Evaluation Process within Supervision” inventory focuses on such supervision competencies as setting clear and specific supervision goals, inviting feedback regarding the supervision process from supervisees, and balancing positive and negative statements when giving feedback to supervisees (Lehrman-Waterman & Ladany, 2001). The Supervisory Working Alliance Inventory (Efstation, Patton, & Kardash, 1990) focuses on relationship competencies, and the Counselor Supervisor Self Efficacy Scale developed by K.L. Barnes (unpublished, 2002) highlights multicultural competencies in supervision, recognition and attention to legal issues, ability to demonstrate knowledge of a wide variety of counseling theories, ability to teach appropriate counseling interventions, and interpersonal supervisory relationship issues (cited in Bernard & Goodyear, 2009, p. 346). The Multicultural Supervision

Competencies Questionnaire (unpublished, Wong & Wong, 2003) assesses knowledge, awareness and skills in counselor supervision (Bernard & Goodyear, 2009, p.349), and supports the importance of paying particular attention to multicultural considerations when developing a list of counselor supervision competencies.

Each of the instruments discussed herein, and others that are used to help evaluate the supervision process, offer possible items for a list of supervision competencies, but the lack of content congruence among instruments appears to indicate a need to create a consensus list of supervision competencies for counseling doctoral graduates. As indicated previously, the most effective and useful list of competencies could come from a pool of experts offering diversity in their theoretical approaches to supervision. For the present study, the researcher purposefully sought out representative experts from a wide variety of supervision theoretical orientations. Additionally, efforts were made to recruit a panel that is also diverse in terms of ethnicity, physical ability, sexual orientation, gender and age. The next section will offer contributions from the perspective of attention to multiculturalism.

Multicultural Considerations

Attention to diversity and multicultural competence in supervision has been prevalent in recent years (e.g., Butler-Byrd, 2010; Chang, Hays, & Shoffner, 2003; Gloria, Hird, & Tao, 2008; Hird, Tao, & Gloria, 2004; Lassiter, Napolitano, Culbreth, & Kok-Mun, 2008; Ober, Granello, & Henfield, 2009). Multicultural competencies are addressed separately in this section as a way to honor the work that has been done in promoting multicultural awareness, knowledge and skill in the area of counselor

supervision, and also as a way to acknowledge the importance of further development of this aspect of supervision.

Ancis and Ladany (2010) synthesized previous work in fields of both psychology and counseling on multicultural counseling competencies, specifically utilizing the cross-cultural guidelines offered by Sue et al. (1992). Based on a review of the literature, along with the ethical codes of both the American Psychological Association (APA) and ACA, they developed a list of 46 multicultural supervision competencies divided into five domains of personal development, conceptualization, interventions, process, and evaluation (Ancis & Ladany, 2010). The *personal development* domain includes items focused on the self-exploration of both the supervisor and the supervisee regarding their own values, biases, and personal limitations. The *conceptualization* section refers to how the supervisor helps the supervisee understand the impact of social and contextual factors, like stereotyping and oppression, on the lives of their clients and the issues they present in counseling. The *skills* dimension includes specific interventions that demonstrate flexibility and sensitivity in working with diverse clients. The *process* segment focuses on the ability of the supervisor to create a safe space where topics of diversity can be discussed and processed in a non-threatening way. Finally, the *evaluation* section addresses overall competency and development of the supervisee, with a specific focus on client welfare (Ancis & Ladany, 2010). While the items offered in this study create a salient list of possible competencies associated with our moral and ethical obligation to intentionally and competently address multicultural issues in supervision, the list does not appear to have been empirically validated or tested.

In positing supervision competencies for psychologists, Falender et al. (2004) noted that attention to all forms of diversity relates to all aspects of supervision and that this multicultural focus requires specific competence. However, in the final list they developed (Falender et al., 2004), multicultural items were embedded in two sections of competencies, including supervision knowledge (i.e., “awareness and knowledge of diversity in all of its forms,” Falender et al., 2004, p. 778) and social context overarching issues (i.e., “Diversity,” Falender et al., 2004, p. 778), but none were specifically listed in the domains of skills, values, training, and assessment. According to contributors in the field of multiculturally competent supervision, a more intentional focus is necessary on the impact of multicultural issues in supervision, not only for the enhanced quality of the supervisory relationship, but for the sound development of the supervisee (Ancis & Ladany, 2010; Gatmon et al., 2001). The competencies offered by Falender et al. (2004) serve as a useful framework for the further development of a list of supervision competencies that includes an intentional focus on multicultural skills and values.

In a study investigating successful and unsuccessful multicultural supervision behaviors, Dressel et al. (2007) conducted a Delphi poll to generate consensus lists among university counseling center supervisors. The results suggested that numerous behavioral elements are involved in effective multicultural supervision, narrowly defined for this particular study as supervisor-supervisee dyads of different ethnicities. In categorizing the lists of successful and unsuccessful multicultural behaviors developed by the expert panel, the authors also noted that the multicultural *counseling* competencies developed by Sue, et al. (1992) may be an appropriate way to organize multicultural *supervision* competencies by replacing “clients” with “supervisees” (Dressel et al., 2007).

Dressel's (2007) list is quite useful as it applies to supporting the named successful multiculturally competent supervision behaviors but because the focus of all the items is on issues related to supervisor-supervisee dyads of different ethnicities, the list appears to be insufficient for use as a generalized list of multicultural supervision competencies for varying aspects of cultural identity. Also, the list of behaviors generated by the panel did not capture all aspects of multicultural supervision (Dressel, 2007). The intention for the present study was to blend competencies gleaned from the literature with competencies named by experts in Round One. This amendment to the Delphi method may increase the probability of wider generalizability of results. In the next section, efforts from within the field of counselor education and supervision to develop supervision competencies will be examined.

Efforts from within Counselor Education

Members of the Supervision Interest Network for the Association for Counselor Education and Supervision (ACES) began a series of projects as early as 1982 to identify the core competencies needed for counselor supervisors (Borders & Leddick, 1988; Borders, 1989). Dye and Borders (1990) later reviewed the development of supervision practice standards, which were ultimately adopted by ACES (1993), and most recently embedded into the latest revision of the ACA Code of Ethics (ACA, 2005). These ethical guidelines were organized into three categories, including: client welfare and rights, the supervisory role, and the program administration role. The specific standards (40 items) were focused on the responsibilities of supervisors, including monitoring client welfare; encouraging compliance with relevant legal, ethical, and professional standards of practice; monitoring clinical performance and professional development of supervisees;

and evaluating and certifying current performance and potential of supervisees for academic, employment, and credentialing purposes (ACES, 1993).

Four years later, the “Approved Clinical Supervisor” (ACS) designation was developed by the Center for Credentialing and Education, a division of the National Board for Certified Counselors (CCE, 1997). The ACS requirements are based on a different set of standards and are focused on the amount of supervisor training and field experience, along with self-assessment and professional disclosure.

Most recently, the American Association of State Counseling Boards (AASCB) created an “Approved Supervisor Model” with another suggested set of standards for supervision training, supervision philosophy, ethical compliance, and items to include in an informed consent document for supervisees (AASCB, 2007). While each of these efforts to define the scope of effective and ethical practice for supervisors has inferred certain supervisor competencies, none of them has included specific behaviors expected of counselor supervisors. Additionally, while there is some overlap, each of these sources has offered something unique, inferring a possible lack of consensus on guidelines and qualifiers for supervisors.

Literature addressing the development of supervision competencies within the field of counselor education and supervision is scant. Efforts at the creation of supervision training programs (Borders et al., 1991; Borders & Brown, 2005; McMahon & Simmons, 2004) have highlighted salient content areas for supervisor development, including supervision models, counselor development, supervision intervention methods and techniques, the supervisory relationship, legal and ethical issues, evaluation, and administrative skills. Borders et al. (1991) utilized three learning objectives for each of

these 7 content areas, including self-awareness, theoretical/conceptual knowledge, and skills and techniques. The result is a “7 x 3” matrix of broad learning objectives, supplemented by more than 200 specific objectives (Borders, 1991). Although the authors encourage the use of the guide in assessing supervisor competencies, they also acknowledge a desire for the guide to be further developed to include responsibilities associated with supervision in a broader range of counseling settings (Borders et al., 1991). The material in this article appears to have led to later works on the training and development of counseling supervisors (Bernard & Goodyear, 2009; Borders & Brown, 2005; Corey et al., 2010), and yet, none of these provide a comprehensive list of supervision competencies for SITs that has been adopted by the field.

Getz (1999) presented a model for teaching the supervision competencies posited by Borders (1991), although the Getz model has not been tested empirically. Other offerings have extended the focus of competency and evaluation in supervisor development by testing models of supervisor development (Baker, Exum, & Tyler, 2002) and creating supervisor training curricula (Bernard & Goodyear, 2009; Borders, 2006; McMahon & Simmons, 2004).

As discussed previously, Baker et al. (2002) examined Watkins’ (1994) Supervisor Complexity Model (SCM) by utilizing the Psychotherapy Supervisor Development Scale (PSDS; Watkins, Schneider, Haynes, & Nieberding, 1995). Their results lent support for the stages of supervisor development posited by the SCM and also for the tenet that clinical experience alone is not sufficient training for supervisors. They call for further research to validate the PSDS, and offer an interpretation that the PSDS may also be a useful tool for measuring supervisor self-efficacy (Baker et al., 2002).

While this study supports Watkins' theory (1994) of supervisor development, it offers little in the way of supervision competencies.

Within the field of counselor education and supervision, recent efforts at supervision competencies have been attempted in certain "specialty areas" of counseling environments, including multicultural counseling supervision (e.g., Dressel et al., 2007), career counseling supervision (Lombardo, 2008), and rehabilitation counseling supervision (Moorhouse, 2009). Multicultural studies have been discussed previously, and this section will continue with a review of the other two studies (Lombardo, 2008; Moorhouse, 2009).

Lombardo (2008) investigated career counselor supervision competencies using traditional Delphi methodology (Linstone & Turoff, 2002). He recruited experts from a nationwide sample of members of National Career Development Association and Association of Psychology Postdoctoral and Internship Centers, securing a total of 32 participants who met the criteria for the study. The criteria included: 1) either a master's or a doctoral degree, 2) at least 3 years post-graduate career counseling experience, 3) at least 2 years recent post graduate counselor supervision experience including supervisees at either the master's or doctoral level, and 4) endorsement of the relevant code of ethics (Lombardo, 2008). Four open-ended questions were asked in Round One, and responses were qualitatively coded with a research team in order to develop a consolidated list of career counseling supervision competencies for Round Two. A list of 70 items in four categories of knowledge, skills, disposition, and unique career competencies was developed, and participants gave ratings of importance for each item. In Round Three, participants were shown the median and interquartile ranges for the data collected in

Round Two, and in staying with the Delphi method (Linstone & Turoff, 2002), were asked to rate the items again. Lombardo (2008) concluded with a consensus list of 47 career counseling supervision competencies in the four domain areas.

Representativeness and generalizability may be limitations of Lombardo (2008), due to the fact that none of the participants identified as persons of color, although efforts were made to recruit a diverse sample. Also, all the participants responding to the invitation for this study worked in college/university settings, and there was only a 12.7% response rate overall (Lombardo, 2008). The competencies generated by this study can serve as a guide for the future development of a list of general supervision competencies, but such a list would necessarily have to come from a more diverse sample, not only representing multiple ethnicities, but multiple specialty areas as well. The intention of the present study was to recruit a diverse panel of experts, from different counselor education specialty areas, different ethnic and cultural backgrounds, and different theoretical orientations. Only when more representative voices are heard can a claim be made that the results are truly comprehensive.

Moorhouse (2009) conducted a Delphi study of rehabilitation counseling professionals to identify benchmark criteria for a rehabilitation counseling supervision instrument. Twenty-one participants generated a total of 410 items in Round One of this research. These were collapsed down to 188 items. After the completion of Round Three, 17 participants had agreed to 183 consensus items spread across 10 domains: general counseling session items, process skills, conceptualization/assessment items, identifying goals/treatment planning, personal attributes, supervision items, self care items, professional behavior, general professional development, and a category marked

“other” (Moorhouse, 2009). The data showed wide variability among experts in their response sets, suggesting lack of agreement about universal training and assessment standards, a finding similar to the disagreement found among predoctoral training internship supervisors in Rings et al. (2009; Moorhouse, 2009). The sample associated with Moorhouse (2009) generated limitations in that it was smaller than expected, and it lacked representation from three of the 10 U.S. geographical regions identified by the researcher. Similar to Lombardo (2008), the list generated by Moorhouse (2009) may serve as a guideline or resource for the development of a list of supervision competencies that are not bound by special interest areas.

Doctoral Students’ Experiences with Supervision

In order to meet the CACREP standards for training doctoral students in the practice of ethical, competent, and multiculturally sensitive supervision, counselor education programs may choose to have faculty members supervise the supervision that doctoral students provide for master’s students (Sullivan, Hsieh, Guerra, Lumadue, & Lebron-Striker, 2007; L. D. Borders, personal communication, June 10, 2009). Several studies have examined the experiences of doctoral students receiving supervision from faculty while concurrently providing supervision to master’s students (Baker et al, 2002, Emillson & Johnsson, 2007; Frick, 2009; Haley, 2002; Hays & Neuer, 2010; Lyon, Heppler, Leavitt, & Fischer, 2008; Majcher & Daniluk, 2009; Nelson, Oliver, & Capps, 2006).

While receiving supervision of supervision, in addition to participating in a course or workshop on supervision, has increased self-efficacy for many supervisors in training (Frick, 2009; Haley, 2002; Majcher & Daniluk, 2009; Wheeler & King, 2000), feelings of

confusion about expectations and powerlessness with regard to gatekeeping issues has also been reported (Frick, 2009; Majcher & Daniluk 2009). Feelings of confusion were also affirmed by Rings et al. (2009), who also found disagreement among faculty members on the most effective supervision training methods of doctoral student SITs. Further, the supervision that doctoral students provide and receive varies between individual, triadic, and group supervision formats, each with different implications for both supervisors and supervisees (Newgent, Davis & Farley, 2004; Nguven, 2004; Ray & Altekruse, 2000; Singo, 1998), and different required skills of the part of the supervisor (Bernard & Goodyear, 2009; Granello, Kindsvatter, Granello, Underfer-Babalis, & Harwig Moorehead, 2008; Green & Dye, 2002; Haynes et al, 2003). Nonetheless, the literature continues to remind us of the importance of field experiences for supervisors in training (Rings et al, 2009; Watkins, 1999; Wheeler & King, 2000). This suggests the importance of supervised supervision for doctoral student SITs.

In addition to a focus on field experience, research has also focused on qualities of “effective” supervision from the perspective of supervisees, and “critical incidents” in supervision. These also help set the stage for the development of a consensus list of supervision competencies for counselor educators and supervisors by demonstrating the detrimental effects of poor supervision and highlighting the value of effective supervision (Cottrell, Kilminster, Jolly, & Grant, 2002; Creaner, 2009; Tyson et al., 2008).

Effective and Ineffective Supervision Practices

As supervision continues to develop as its own discipline, there has been a growing amount of research citing the effects and experiences of trainees when receiving effective and ineffective supervision (Creaner, 2009; Ellis, 2001; Ellis, Siembor et al,

2008; Gray, Ladany, & Walker, 2001; Jacobs, 1991; Magnuson, Wilcoxon, & Norem, 2000; Nelson & Friedlander, 2001; Worthen & McNeill, 1996). Some supervisees even report having been traumatized in the supervision process (Ellis, 2001; Magnuson et al., 2000; Nelson & Friedlander, 2001).

Inadequate, or “bad” supervision, typically involves a personality or theoretical mismatch between supervisor and supervisee, a supervisor’s lack of engagement in the supervision process, or the perception that the supervisor has poor feedback skills (Creaner, 2009; Ellis, 2001; Magnuson et al., 2000). This is contrasted with harmful supervision, which involves supervisor negligence, unethical behavior, sexual/romantic advances or forced emotional intimacy on the part of the supervisor, and boundary violations which cause the supervisee public embarrassment (Ellis, 2001; Magnuson et al., 2000). Such practices inevitably impact supervisees (Creaner, 2009; Ellis et al., 2008; Magnuson et al., 2000). For example, Nelson and Friedlander (2001) conducted a mixed methods study of conflictual supervision relationships and found that over 50% of the supervisees they interviewed had experienced extreme stress, 23% had encountered sexual advances or innuendo on the part of their supervisors, and 8% had left the profession. Similarly, in a qualitative study of 13 psychotherapy supervisees reporting a counterproductive individual supervision event within the past 12 months, Gray, Ladany, Walker, and Ancis (2001) found that supervisors lacked empathy and support, supervisees felt unsafe and withdrew from the relationship, and the conflict was frequently not disclosed to the supervisor.

These studies highlight the importance of the quality of the supervisory relationship. This relationship has been cited as one of the most important aspects of

effective supervision (Baker et al, 2002; Bernard & Goodyear, 2009; Creaner, 2009; Ellis et al., 2008; Worthen et al., 1996). Still, many trainees report at least two negative experiences involving the supervisory relationship (Ellis, 2001; Magnuson et al., 2000; Worthen et al., 1996). A review of the supervision literature from 1999 – 2004 indicated that doctoral student supervisors in training have been most challenged by relationship dynamics when providing supervision (Borders, 2006). Cumulatively, the incidence of inadequate or harmful supervision and the challenges faced by supervisors in training, while warranting further study, seem to provide impetus for the development of consensus regarding which competencies are needed for the effective and ethical practice of supervision.

Methods of Inquiry

Among the available research focused on the development of supervision competencies, several conceptual pieces have been offered (Ancis & Ladany, 2010; Falender et al., 2004; Getz, 1999). These have presented competency lists based on the experiences of the authors, along with their reviews and analysis of the pertinent literature. There have also been experimental/quasi-experimental studies conducted (Baker et al., 2002; Rings et al., 2009), and these have suggested support for supervisor development models and basic supervision competencies. In addition to these, Delphi polls have been conducted to generate supervision competencies and supervisor training elements in specific areas of counseling and psychotherapy (Dressel et al., 2007; Green & Dye, 2002; Lombardo, 2008; Moorhouse, 2009). Despite the significant efforts extant in the literature, several authors have noted the need for further research on supervisor development that utilizes strong theoretical grounding, sound psychometric

instrumentation, and rigorous research designs (Borders, 2006; Green & Dye, 2002; Ellis, D'Luso, & Ladany, 2008). An amended Delphi poll, followed by a content validity assessment, was performed in this study with the intent of addressing such concerns.

The Delphi method of generating consensus expert opinion on a particular topic has been employed for over 40 years. For example, within the fields of counseling, psychology and psychotherapy, the author identified over 300 studies utilizing the Delphi methodology published between 2000 and 2010. The method incorporates techniques from both qualitative and quantitative approaches, allowing for a more comprehensive picture of the topic being studied. (Iqbal & Pipon-Young, 2009). Group consensus is facilitated without the elements of coercion and social desirability that can sometimes be present in face-to-face work sessions (Dressel et al., 2007; Green & Dye, 2002; Iqbal & Pipon-Young, 2009; Milsom & Dietz, 2009; Norcross, Hedges, & Prochaska, 2002). The process typically begins with the first qualitative "round" which asks experts an open-ended question or questions. The results are collated into a survey instrument used in the next "round," in which the experts are asked to rate the importance of each item. The third "round" offers an evaluation phase, as experts are provided with the results of the entire panel and asked to re-evaluate their original ratings (Iqbal & Pipon-Young, 2009; Linstone & Turoff, 2002). With each iteration of the process, expert panels typically move closer and closer to full consensus on items that are ultimately retained to answer the research question. Reliability and generalizability are enhanced based on the criteria used to select the expert panel, which may comprised of any number of participants, although between 10 and 50 is recommended (Linstone & Turoff, 2002). Diversity in panelists increases credibility of the results, and therefore, those who might provide a

different perspective should be intentionally recruited to participate (Iqbal & Pipon-Young, 2009; Linstone & Turoff, 2002).

This study also utilized a content validity assessment process. Content validity assessments have been widely used in social sciences and medicine to validate and establish credibility for standards, competencies, and protocols (Comman, 2009; Moscoso & Salgado, 2001; Schilling, Dixon, Knafl, Grey, Ives, & Lynn, 2007). Content validity indicates the degree to which some measure represents all the facets of a given construct (Davidson & Bing, 2009; Rubio, Berg-Wager, Tebb, Lee, & Rauch, 2003; Yao, Wu, & Yang, 2008). Recently, Robert Wilson (2009) of the University of Cincinnati demonstrated the efficacy of utilizing Lawshe's (1975) content validity ratio (CVR) to establish validity for the standards for practice developed by the Association for Specialists in Group Work (ASGW). A similar process was used in the present research.

Efforts to address concerns regarding psychometric integrity and design in counseling supervision research were addressed in a variety of ways. By utilizing an amended Delphi method in conjunction with a separate content validity assessment (Lawshe, 1975), the list of supervision competencies generated in this study incorporates pertinent literature and assessments salient to supervision competencies, along with expert opinion from leaders in the field of counselor education and supervision. Experts were recruited from a variety of supervision theoretical orientations, a variety of counseling specialty areas, and a variety of cultural backgrounds. A research team compiled a list of *a priori* codes identified in the supervision literature prior to the administration of the Delphi poll. Including these codes with the expert responses from Round One in the Delphi poll helped ensure that the list going to the experts for rating in

Round Two was comprehensive. The establishment of thresholds for means and standard deviations in Rounds Two and Three offered a systematic way to evaluate convergence on each item. The items, developed from the literature and expert opinion, were then re-evaluated in the content validity section of the study by a different panel of experts. This cross-validation process improved the rigor of the study, and enhanced the reliability of the results.

Summary

This chapter has provided a summary of the available literature on the topic of supervision competencies relevant to the training of doctoral level counseling supervisors. Topics identified have included supervision as a specialized discipline; contributions from related disciplines; the salience of supervision models, theories, and instruments to the establishment of supervision competencies; multicultural considerations; efforts to develop a set of supervision competencies from within the field of counselor education; doctoral students' experiences of concurrently providing and receiving supervision; effective and ineffective supervision practices; and an appropriate methodology for the inquiry.

The acknowledgement that supervision skills differ from counseling skills supports the utility of developing a list of supervision competencies for use in teaching doctoral student supervisors in training (Baird, 2008; Bernard & Goodyear, 2009; Borders & Brown, 2005; Corey et al., 2010). Contributions to such a list have been offered from the fields of psychology and social work, and yet counseling is a related but separate discipline, suggesting the benefit of a list specifically geared toward counselor educators and supervisors. Other contributions to such a list have come from supervision

theories, instruments, credentialing requirements, and training programs. These resources have separately offered important ideas to consider, but have not collectively formed a list of supervision competencies. Several researchers have affirmed the importance of a multicultural focus in supervision (Ancis & Ladany, 2010; Falender et al., 2004; Gatmon et al., 2001), but none have offered a comprehensive list that includes a thorough representation of general supervision competencies as well as multicultural supervision competencies. Current work in the counseling field to develop such competencies has been done with specialized samples representing specialty areas that lack broad generalizability (Lombardo, 2008; Moorhouse, 2009).

The purpose of this study was to develop and validate a list of the supervision competencies that experts in the field of counselor education and supervision agree should be required for doctoral student supervisors in training to demonstrate prior to graduating and serving as professionals in the fields of counseling and/or counselor education and supervision. Specifically, these competencies refer to supervision knowledge, skills, and attitudes developed by doctoral student supervisors in training. The next chapter will provide details regarding the method of inquiry, data collection and analysis procedures, and strategies for reliability, validity, and trustworthiness.

CHAPTER THREE

METHODOLOGY

This chapter provides a description of the methodology with which this study was conducted, including a rationale for the methodology chosen, participant recruitment processes, data collection and analysis procedures, and strategies for reliability, validity and trustworthiness. The goal of the research was to establish expert consensus on the counseling supervision competencies expected of new graduates from counselor education doctoral programs. Two processes, a Delphi poll (Linstone & Turoff, 2002) followed by a content validity assessment (Lawshe 1975), were employed to develop and validate this list of consensus supervision competencies for doctoral counseling graduates. Given the current lack of agreement on an accepted core of competencies in the counselor education and supervision literature (Borders, 2006; Rings et al., 2009), the use of these two processes appeared to be a useful strategy for establishing a consensus of expert opinions on this important topic (Green & Dye, 2002; Lombardo, 2008; Milsom & Dietz, 2009; Moorhouse, 2009, Wilson, 2009).

Although codes of ethics and standards of practice have been generated for clinical supervision (e.g., AASCB, 2007; ACA, 2005; ACES, 1993; CCE, 2008), and helpful and unhelpful supervision activities have been examined (Borders, 2006; Creaner, 2009; Dressel et al., 2007; Dye & Borders, 1990; Ellis et al., 2008; Green & Dye, 2002; Magnuson et al., 2000; Nelson & Friedlander, 2001; Stoltenberg, 2008; Tyler, Sloan & King, 2000), consensus for essential counseling supervision competencies has not been achieved in the field of Counselor Education and Supervision. In the psychology field, Falender et al. (2004) developed a consensus statement on supervision competencies,

which has been cited by others in the supervision literature (see Aten, Madsom, & Kruse, 2008; Bernard & Goodyear, 2009; Benishek & Chessler, 2005; Borders & Brown, 2005; Dressel et al., 2007; Ellis, D'luoso, & Ladany, 2008; Emilsson & Johnson, 2007; Lombardo, 2008; Majcher & Daniluk, 2009; Nelson, Oliver, & Capps, 2006; Rings et al., 2009; Stoltenberg, 2008). Several “specialty” lists of supervision competencies within the field of counselor education and supervision have been offered, including competencies for career counseling supervision (Lombardo, 2008), rehabilitation counseling supervision (Moorhouse, 2009; Thielson & Leahy, 2001), and multicultural counseling supervision (Dressel et al., 2007). However, none of these appear to be tested or applied beyond the separate discipline or counseling specialty area they represent. The field does not yet have a uniform list of counselor supervision competencies expected of doctoral graduates, even though counseling doctoral students are often charged with providing supervision to developing master’s students and may even be providing clinical supervision or supervision-of-supervision for doctoral students. While the list of competencies for supervisors in psychology may be of some use for counselors, with counseling and psychology being seen as disciplines with different philosophical foundations and different requirements for licensure and practice, a consensus list of supervision competencies unique to the discipline of counseling could enhance the development of training, assessment, and evaluation strategies for counseling supervisors. Authors of supervision research increasingly note the relationship between effective supervision and counselor growth and development, along with positive client outcomes (Bailey, 2004; Baker et al., 2002; Bernard & Goodyear, 2009; Borders & Brown, 2005; Corey et al., 2010; Ellis, 2001; Ellis et al., 2008; Falender et al., 2004; Henderson, 2006).

As the field of counselor education continues to be responsive to these lessons from empirical research, the development of a consensus list of supervision competencies unique to our field seems appropriate.

Research Question

The purpose of this study was to develop and validate a list of supervision competencies that doctoral students should demonstrate prior to graduating and serving as professionals in the fields of counseling and/or counselor education and supervision. Specifically, these competencies consist of the supervisory knowledge, skills, and attitudes that experts in the field of counseling supervision agree are needed for doctoral level supervisors to practice effectively. The research question for this investigation was:

- What supervisory knowledge, attitudes and skills are needed for new doctoral graduates from counselor education programs to ethically and effectively provide supervision?

Research Design

The Delphi method was originally developed for the defense industry (Dalkey & Helmer, 1963; Linstone & Turoff, 2002) and has been subsequently utilized in business, education, and social sciences to generate consensus among experts (Green & Dye, 2002; Milsom & Dietz, 2009; Stone Fish & Busby, 2005). Specific to supervision research, this method has been used to identify career counseling supervision competencies (Lombardo, 2008), along with rehabilitation counseling supervision competencies (Moorhouse, 2009; Thielsen & Leahy, 2001). The Delphi method is most frequently selected when expert opinions are needed and it is a preferred method of establishing expert consensus because it is cost-effective and efficient (Dressel et al., 2007; Norcross,

Hedges, & Prochaska, 2002). Additionally, participants are said to provide more accurate information since they are alone and not subject to social desirability pressures when responding to the questions (Dalkey & Helmer, 1963; Green & Dye, 2002; Linstone & Turoff, 2002; Stone Fish & Busby, 2005).

Recent studies employing the Delphi method (Lombardo, 2008; Norcross et al., 2002; Stone Fish & Busby, 2005) have most frequently cited Linstone and Turoff (2002) as the seminal work and best resource for guidance in application of the method. Linstone and Turoff (2002) detailed the steps of this research methodology, which includes the following key characteristics:

- Recruitment of a panel of experts.
- Open-ended question(s) created to elicit comprehensive and detailed responses from the experts.
- Round One: Invitation to experts, including informed consent, demographics form, and open-ended question(s).
 - Qualitative data analysis of responses is performed, with the purpose of creating an initial list of items representing aggregate expert opinions.
- Round Two: Experts from the panel are then invited to rate each item on the initial list using a Likert-scale, indicating their degree of agreement that the item belongs on the list.
 - Quantitative data analysis of ratings is performed, generating means and standard deviations for each item.

- Round Three: This is also sometimes called an “evaluation phase” (Iqbal & Pipon-Young, 2009). Experts review the results of Round Two, compare their own initial ratings with the means of the group, and are again invited to rate each item on the list. This round of data collection typically indicates more consensus than data from Round Two (Linstone & Turoff, 2002).
- This iterative process may be repeated until full consensus is reached, as subsequent “rounds” of data collection typically yield results closer and closer to complete consensus (Linstone & Turoff, 2002).

However, many Delphi studies are limited to three rounds, due to results showing that the more iterations in the process, the higher the overall attrition rate for participants (Doerries & Foster, 2005; Dressel et al., 2007; Green & Dye, 2002; Norcross et al., 2002).

In the Part I of this study, an amended Delphi poll method was used to generate a consensus list of supervision competencies for new doctoral graduates in counselor education. Although the Delphi method can serve as a useful means of identifying consensus expert opinion on certain issues, several studies have pointed to inherent weaknesses in the process, including ambiguity around the definition of convergence, possible exclusion of certain items to be rated based on responses in Round One, and ensuring enough diversity of opinion on the SME panel to maximize generalizability (Keeney, Hasson, & McKenna, 2001; Linstone & Turoff, 2002; Powell, 2003). Therefore, the method as described above was amended in the following ways:

- A list of *a priori* competencies were gleaned from current Counselor Education and Supervision codes of ethics and standards of practice (see ACES, 1993; ACA, 2005; CCE, 2008, 2009), along with literature addressing the effective provision of supervision (Ancis & Ladany, 2010; Ancis & Marshall, 2010; Dressel et al., 2007; Ellis et al., 2008; Falender et al., 2004; Falender & Shafranske, 2008; Getz, 1999; Granello, et al., 2008; Green & Dye, 2002; Lombardo, 2008; Moorhouse, 2009). Open and consensus coding of the standards and the literature examined by the researcher and members of a research team, followed by review of their results by the Dissertation Methodologist and Chair produced this list. A complete and specific list of resources used during this process can be found in Appendix F. The *a priori* list of supervision competencies was blended with the list of supervision competencies generated by the experts in Round One to create the list of items to be rated in Round Two.
- After individual expert offerings were reviewed by a second research team and combined via open and consensus coding to form the Round One codebook, an axial coding process (Corbin & Strauss, 2008) was performed by a third research team in order to combine competencies from the literature with competencies reported by the SMEs in Round One. Items generated by the data from Round One but which did not appear in the *a priori* codes, along with items on the *a priori* list that did not appear in the data from Round One, were retained for inclusion in the aggregate list sent for expert rating in Round Two. Overlapping

items were combined and re-worded for clarity. The Dissertation Chair and Methodologist assisted with reviewing, collapsing, and approving the development of items to be rated in Round Two.

- The Likert scale used for rating in Round Two and Round Three was comprised of 6 levels instead of the 7 frequently used in other Delphi studies (Dimmitt et al., 2005; Doerries & Foster, 2005; Dressel et al., 2007; Green & Dye, 2002; Lombardo, 2008; Milsom & Dietz, 2009; Moorhouse, 2009). This adjustment was made to eliminate neutral ratings. Experts were asked to rate the degree to which they believe each item represents a necessary supervision competency for doctoral graduates in counselor education and supervision. Raters chose from the following options: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Somewhat Disagree*, 4 = *Somewhat Agree*, 5 = *Agree*, and 6 = *Strongly Agree*.
- The researcher set criteria for the mean and standard deviation of each item to indicate consensus on items in Round Two and Round Three. Based on the Likert scale described above, a mean of 4.0, indicating a basic level of agreement with the item, was used as the minimum to keep the item. This threshold (i.e., ≥ 4.00) was established primarily to represent a basic level of agreement with the item and also to maximize the number of items that would be passed through to the second set of experts in Part II (content validity assessment) of the study. To establish the standard deviation threshold, results of similar

Delphi studies (Dimmitt et al., 2005; Doerries & Foster, 2005; Dressel et al., 2007; Moorhouse, 2009; Norcross et al., 2002) were reviewed. Statistics for these studies are presented in Appendix A. Previous research indicated a range of standard deviation scores between 0.00 – 1.75 for final items. Based on this range and the desire to keep the study both conservative and realistic, the researcher chose the mean standard deviation of 0.85 as the threshold standard deviation for the study. Items which met or fell below this limit, and which had a mean of at least 4.00, were retained for the list going into Part II of the study. All other items were sent back to the panel for Round Three of the Delphi poll.

- In Round Three, rather than having experts re-rate all the items, experts were asked only to re-rate the items that had not met the thresholds of a mean of 4.00 and a standard deviation of 0.85, since these were the indicators established by the researcher for consensus. This amendment was made in an effort to minimize attrition by reducing the amount of time it would take for participants to complete Round Three. Delphi methodology is known to show ratings closer to consensus with consecutive iterations of the rating process (Green & Dye, 2002; Iqbal & Pilon-Young, 2009; Linstone & Turoff, 2002). For this reason, items not meeting the established thresholds were given another opportunity to meet consensus criteria. Once items met

the criteria to be retained, it was deemed to be no longer necessary to re-rate them.

After the list of competencies developed via the *a priori* list and all three rounds of the Delphi poll in Part I of the study was completed, a content validity assessment using the Lawshe (1975) method was conducted in Part II as a way to further validate the list (Comman, 2009; Mosco & Salgado, 2001; Wilson, 2009). In establishing content validity for the training standards of the Association for Specialists in Group Work (ASGW), Wilson (2009) recruited experts widely known in the field of group work to provide the content validity data. A similar process was used in the present study. Experts were asked to rate each item per the Lawshe method (scale options are *Essential*; *Useful but not essential*; and *Not Necessary*). Following the protocol for the Lawshe method (1975), Content Validity Ratio (CVR) will be computed for each item. The CVR is expressed through the following formula:

$$\frac{n_e - N/2}{N/2}$$

n_e = # experts rating the item as “Essential”

N = total # of Subject Matter Experts (SMEs)

According to this method, statistical significance in CVR is a function of both the number of subject matter experts (SMEs) contributing to the score, along with the percentage of them rating the item as *Essential* (Lawshe, 1975). When fewer than half of the experts indicate the item is *Essential*, the CVR is negative. In order for an item to demonstrate some degree of validity, at least 50% of the raters must perceive it as *Essential*. When exactly half say it is *Essential*, the CVR is zero. When all agree that the item is *Essential*,

the CVR is 1.00. Lawshe offers a table to denote the critical CVR value at an alpha level of .05 associated with certain numbers of SMEs. This guide helps ensure that agreement with the item is unlikely due to chance (Lawshe, 1975, p. 568; reprinted in Appendix D). For example, if there are 5 SMEs, the critical value for CVR is 0.99; if there are 15 SMEs, the critical value for CVR is 0.49. In order to be statistically significant at the alpha level of .05, CVRs for the items in the Content Validity part of the study had to exceed the critical value listed in the table. To compute the content validity of the entire list, the mean of all the CVRs is calculated, yielding the Content Validity Index (CVI; Lawshe, 1975).

The CVR, as an item statistic, was then a second method by which items were screened for the final list of supervision competencies. The items that were retained based on the mean and standard deviation thresholds in the Delphi Poll, and which also exceeded the critical value shown on the Lawshe table (1975) comprised the final list of consensus supervision competencies for counseling doctoral graduates. Once this list was completed, the CVI for the entire list of competencies was calculated by computing the mean of the CVRs of all the items on the list. Since the CVI is calculated on items that have been retained, the CVI was automatically significant. Still, as an aggregate statistic it offers an estimation as to the degree of significance of the list. The higher the result of this calculation, the more we can interpret aggregate list as having validity (Lawshe, 1975; Robert Wilson, personal communication, July 26, 2010).

Participants

Reliability in methods such as Delphi studies and SME-based content validity studies largely depends on the credibility of the panel of experts, yet there are no

universal criteria for identification of experts (Dalkey & Helmer, 1963; Doerries & Foster, 2005; Dressel et al, 2007; Linstone & Turoff, 2002; Milsom & Dietz, 2009). For this study, SMEs for both parts of the study were recruited exclusively from the field of counselor education and supervision. Although experts from other fields, specifically psychology and social work, have contributed greatly to the literature on clinical supervision (Culbreth, 2001; Ellis, 2001; Ellis & Ladany, 2008; Ellis et al., 2008; Emilsson & Johnson, 2007; Falender et al., 2004; Falender & Shafranske, 2008; Gray et al., 2001; Green & Dye, 2002; Lyon et al., 2008; Rings et al., 2009; Scott et al., 2000; Tyler et al., 2009), and while there is some overlap in our common goals as helpers, the discipline of counseling is different than psychology or social work (Gilbert, 2008, 2009). Each of the fields of professional helping has different educational requirements and different licensure standards for the practice of conducting therapy, inferring that differences may also exist with regard to standards for supervision competencies. Therefore, members of the panel were limited to representatives from the field in order to contribute to the specific supervision literature in counselor education and supervision. Qualifications for the Approved Clinical Supervisor (ACS; CCE, 2008) designation were used as an initial guideline for establishing criteria for the expert panel for this study. The researcher and members of the Dissertation Committee agreed to the following criteria for use in establishing membership on the expert panel:

- Must hold a Ph.D. or Ed.D. in Counselor Education, Education with an emphasis in Counseling, Counselor Education and Supervision, or Counseling Psychology (CACREP, 2009; CCE, 2008). Those from

the discipline of Counseling Psychology must be working in a counselor education program.

- Must have been actively involved in the direct training of doctoral student SITs in the field of counselor education and supervision for at least three years.
- Must have received formal training in the discipline of counselor supervision.

Participants were recruited using a purposive snowball sampling method.

Purposive sampling is useful in selecting participants because of some chosen characteristic (Corbin & Strauss, 2008; Creswell, 2009). For the present study, this refers to faculty members who have significant experience in the training and supervision of doctoral student SITs. Snowball sampling is even more specialized, identifying cases of interest from those who know where to find other qualified participants (Corbin & Strauss, 2008). In addition to those experts known and referred to the researcher, participants were recruited during professional conferences with other counselor educators and supervisors. To assist in assembling a diverse panel of experts, participants offering referrals were specifically asked to recommend potential participants from diverse cultural or specialty backgrounds and also those who utilize various supervision models.

Because the qualifications to be called “expert” are more impactful than total number of participants, there is no minimum number of participants required to create an expert panel (Iqbal & Pipon-Young, 2009; Linstone & Turoff, 2002). However, a total of 10-50 are recommended in the literature (Dimmitt et al., 2005; Dressel et al., 2007;

Linstone & Turoff, 2002; Lombardo, 2008; Moorhouse, 2009). Attrition rates were calculated for eight Delphi studies published between 2002 and 2009 (Appendix A), showing a mean of 26.75% attrition of participants between the first round of data collection and the last round. Based on this average, a conservative attrition rate of 40% was assumed for Part I (Delphi Poll) of the study. The intention was to recruit as many qualified experts as possible, the goal being to recruit between 30 and 60, yielding an estimated 18-36 experts completing all three rounds.

In Part I (Delphi Poll) of the study, initial development of a potential participant list began with a review of faculty members' profiles in CACREP-approved doctoral programs. Those with a reported interest in counselor supervision were put on the list, along with those who were personal contacts. Others were added as they were referred. Participants for Part II (Content Validity) of the study were generated by collecting responses from a CESNET post asking advanced doctoral students and new faculty members to give the name(s) of the person(s) they experienced as their most effective supervisors. Respondents in both parts of the study were particularly encouraged to refer others who might represent diverse racial or ethnic population groups, as a way of increasing diversity on the expert panel.

Potential participants were contacted via "blind copy" email and were directed to a Survey Monkey link to complete the survey. The first page of the survey provided the informed consent information that was approved by the Institutional Review Board at Old Dominion University. Agreement with this first page indicated a willingness to participate in the research. All participants in both parts of the study offered responses to the same set of demographics questions (Appendix C). Participants were able to

withdrawal from the process at any time by exiting out of the survey. Additionally, they were given an opportunity at the end of the questionnaire to give permission to be named as a member of the expert panel.

Instrumentation

Part I (Delphi poll). After indicating informed consent (Appendix B) to participate in the study and completing the demographics questions (Appendix C), participants were invited to respond to the following open-ended question for Round One:

Supervision competencies may be referred to as the knowledge, skills and attitudes needed for the effective provision of counselor supervision. Taking all things into consideration, and in no particular order, please list the supervision competencies that you think new doctoral graduates should have mastered.

Competencies may be drawn from all aspects (clinical and administrative) of supervision. Please list as many as you can think of:

This question was selected due to its direct connection to the research question and the purpose of the study. The topic of administrative versus clinical supervision is a distinction that has been supported in the literature (Borders, 2006; Herbert & Trusty, 2006; Milne, Aylott, Fitzpatrick, & Ellis, 2006; Roche, Todd, & O'Connor, 2007; Tromski-Klingshirn & Davis, 2007). In an effort to both provide ample space for responses, but yet minimize potential for attrition based on perceptions of number of spaces to be completed, spaces were provided for each participant to list up to 30 competencies. The question was “open” for responses for four weeks, and a reminder emails were sent to non-responding panelists after 2-weeks and again after 3-weeks.

Data collected from Round One were analyzed and coded separately (as described below) and then blended with the *a priori* codes from the literature. The aggregate list of competencies named was submitted to the panel for Round Two. The panelists receiving this list included those from Round One who agreed to participate in Round Two, and those who responded to a reminder email invitation that was sent to the remaining people on the original list of perspective participants. The survey was “open” for responses for two weeks, and a reminder email was sent after the first week. In Round Two, experts were asked to rate each item on a Likert scale of 1 to 6 (1= *Strongly Disagree* to 6= *Strongly Agree*) based on the suitability of the item for inclusion on a list of needed supervision competencies for doctoral graduates in counselor education and supervision. Additionally, the experts were invited to provide comments and/or a rationale for their ranking (see Appendix M). After data collection and computation of means and standard deviations for each item, items were separated based on those that met the criteria of a mean of at least 4.00 and a standard deviation no larger than 0.85. The items that did not meet the criteria were reviewed and edited based on comments from the experts, then sent back to the expert panel for Round Three.

In Round Three, the expert panel received this edited list of competencies, with notations of edits made and with comments from the first round. The survey was “open” for two weeks, and a reminder email was sent after the first week. The panel was instructed to rate each of these items, again, on a Likert scale of 1 to 6 (1= *Strongly Disagree* to 6= *Strongly Agree*) based on the suitability of the item to be included on list of necessary supervision competencies for new doctoral graduates in counselor education and supervision. They were also invited to make additional comments on the items.

Means and standard deviations were again computed for each item, and those that met the established thresholds were added to the composite list of supervision competencies.

Based on comments from Round Three, additional edits for clarity of individual items were made by the researcher and the Methodologist and Chair, and the aggregate list, generated by consensus among experts in the field, served as the instrument to be validated (Appendix J) in Part II of the study.

Part II. In Part II of the study, the second group of experts, serving as the Content Validity SMEs, were given the composite list of supervision competencies created by the amended Delphi poll process. Each participant was asked to rate each item as *Essential*, *Helpful but not necessary*, or *Not necessary*. CVRs for each item were computed, and those with CVRs exceeding the critical value at the .05 level based on the number of experts participating and as indicated by the table in Appendix D, were kept on the list. . There were 14 subject matter experts on the Content Validity panel, which corresponds to a CVR critical value of 0.51. Items with a CVR below 0.51 were then rejected, and items meeting or exceeding this level were retained for the final list of competencies. A CVI was computed for the total list. CVI is expressed as the mean of the CVRs, therefore, it was automatically statistically significant at the .05 level. The value in the CVI is in estimating the value of the entire list as a set of items (Lawshe, 1975).

Research Teams

Three research teams were assembled to assist with the interpretive aspects of data collection for this study. Different teams were assigned to different tasks as a way of reducing possible bias (Creswell, 2007; Patton, 2002) from individual team members or from one group of team members. Team members were recruited from among

doctoral students at Old Dominion University who had completed the qualitative research class required by the program. They each completed a Research Team Member Data Sheet (Appendix E), were oriented to the study, and were trained to perform the tasks requested of them. Tasks were divided in the following manner:

- Team 1 - Individually coded the literature provided (Appendix F) to develop the *a priori* list of supervision competencies. Following this task, the group had a face-to-face meeting with the primary investigator for consensus coding. Methodologist reviewed items prior to investigator finalizing the *a priori* list of supervision competencies (Appendix G).
- Team 2 - Individually conducted open coding of all responses from experts in Round One of the Delphi poll. Following this task, the group consulted electronically with the primary investigator for consensus coding of items developed by each member. Methodologist reviewed items prior to investigator finalizing the Round One list of supervision competencies (Appendix H).
- Team 3 - Individually conducted axial coding to blend items in *a priori* codebook with items in “Round One” codebook. The group met together with the primary investigator on two occasions to complete consensus coding. Following this, the primary investigator, Chair, and Methodologist further reviewed and collapsed items to form the “Delphi Codebook” (Appendix I) list of competencies sent to experts for rating in Round Two of the Delphi poll.

Researcher bias is an important issue to address when analyzing qualitative data (Corbin & Strauss, 2008; Creswell, 2007; Patton, 2002). My experiences as a counselor having received supervision, as a state-credentialed supervisor providing supervision for post-master's counselors, and a current doctoral student simultaneously giving and receiving supervision in an academic setting create some biases within me, some of which I am part of my awareness. One bias I had before starting the study was my belief that the use of a list of comprehensive supervision competencies to inform supervisory training and evaluation could ultimately improve the effectiveness of new supervisors. Beyond my belief in the utility of such a list, I believed competencies specifically geared toward ethical and multiculturally sound practice should be included. So that these biases did not affect the outcome of the *a priori* codes or the Round One data, I ensured other research team members triangulated the coding processes, then had all codes reviewed by the Methodologist. Additionally, I discussed my biases and thoughts about the observed results with a peer debriefer and with an outside auditor (Creswell & Miller, 2000). The peer debriefer was a graduate of the Old Dominion University Counselor Education doctoral program, and the outside auditor was a member of the faculty not serving on the dissertation committee.

In an effort to minimize possible biases of the research team, members were invited to complete an information sheet (Appendix E) and name their opinions regarding the most important supervision competencies. The Methodologist's review of both the data and the results generated by the research groups served as another way to minimize bias from the research team. Finally, the outside auditor reviewed all the data collection processes and results.

Methods and Analysis

Prior to data collection from the panel of experts, the *a priori* codebook (Appendix G) was developed with Research Team 1. They performed open coding of the literature by reviewing the literature provided to them (Appendix F) and noting specific items, or competencies, that emerged (Corbin & Strauss, 2008; Creswell, 2007). Open coding is an inductive process beginning with observing details and gradually moving toward recognizing patterns (Creswell, 2007; Patton, 2002). Team members were each given identical electronic packets that included all of the resources listed in Appendix F. They were instructed to read all of the material first to become familiar with it, to read it a second time while making margin notes, and to review it a third time, noting specific supervision competencies. The group met together with the researcher for consensus coding (Corbin & Strauss, 2008; Creswell, 2007; Patton, 2002), and all codes developed by research team members were collapsed and merged. During this process, team members came to 100% agreement on each competency, ultimately forming the *a priori* codebook (Appendix G). The Methodologist reviewed this codebook, along with the raw data and researcher notes, prior to the initiation of Round One of the Delphi Poll.

Results of Round One yielded a second list of competencies, and the primary researcher, together with Research Team 2, performed open coding of this data, following the same procedures as those described above for Team 1. The Methodologist again reviewed the raw data, along with the codes developed by the team after their consensus meeting, and the investigator completed the development of the Round One codebook (Appendix H).

Research Team 3 then performed axial coding (Corbin & Strauss, 2008) of the data collected through Round One, merging, blending and collapsing the competencies from the experts (as shown in the Round One codebook) and the competencies from the literature (as shown in the *a priori* codebook). Axial coding is a process of developing and connecting codes, creating groups of items that have similar meanings in order to reduce the total number of items into a list that is both representative and without redundancies (Corbin & Strauss, 2008). The researcher, Methodologist, and Chair corresponded electronically to perform additional collapsing of items, and to agree on the wording of the items for the Delphi Codebook showing the final list of competencies that were sent to the experts for rating in Round Two (Appendix I). During this consensus meeting, each member was in agreement regarding the final list (Corbin & Strauss, 2008; Patton, 2002).

The items in the Delphi codebook, an aggregate list of supervision competencies developed by blending competencies from the literature with competencies identified from the experts in Round One, were then be sent back to the expert panel for Round Two of the Delphi study. In this step, each panel member rated each item on a scale of 1 to 6 (1= *Strongly Disagree* to 6= *Strongly Agree*) in terms of the degree to which they agreed that doctoral counseling graduates should be able to demonstrate each competency. Additionally, experts were invited to make comments and/or provide a rationale for their ratings. These comments were used during data analysis to re-write some items to enhance clarity and were also included in the material sent to the entire panel when they were tasked with re-rating certain items again in Round Three. Means and standard deviations were computed from the responses for each item. The items that

met thresholds for both means and standard deviations were kept for the list going into Part II of the study, as this was the benchmark for consensus. All other items were reviewed and edited based on comments made, and then sent back to the panel for Round Three of the Delphi poll.

In Round Three, experts were provided the list of the items from Round Two that did not meet thresholds for mean and standard deviation, the mean rating and standard deviation for each item, as well as comments made by other raters on each item. Participants were asked again to rate these items on the same 6-point Likert scale in terms of their suitability for inclusion on the list of essential supervision competencies. Again, means and standard deviations were computed for each item. Items that met the set thresholds were placed on the list of agreed-upon supervision competencies, while items that did not meet the thresholds were deleted. The Chair, Methodologist, and researcher reviewed and re-worded items based on expert comments, forming the “Content Validity Codebook” (Appendix J), before proceeding to Part II of the study.

In Part II of the study, a different group of experts helped establish content validity via the Lawshe (1975) method. Experts were asked to rate each of the items developed from the Delphi poll as either *Essential*, *Useful but not necessary*, or *Not necessary*. Content Validity Ratios (CVRs), based on the percentage of experts rating the item *Essential*, were computed for each item. Lawshe (1975) provided a table (See Appendix D) of critical values for CVR based on an alpha level of .05. Items meeting the critical CVR value dictated by Lawshe (1975) were retained, while items falling below this threshold were deleted. Once these items were developed, the “Supervision Competency List for Doctoral Graduates” (Appendix K) was created. A Content Validity

Index (CVI) for the entire list was developed by computing the mean of the CVRs for items retained on the list. By virtue of an item remaining on the list, it will be associated with a significant CVR, yielding a statistically significant CVI for the entire list. The results of Part One and Part Two of this research yielded a validated consensus list of supervision competencies needed for new counselor education and supervision doctoral graduates to effectively and ethically provide supervision.

Reliability, Validity, and Trustworthiness

This research was conducted with a number of strategies in place to ensure rigor in the study. The establishment of criteria for membership on the expert panel offered some assurance of expertise among participants. Items from the literature as well as those cited by the experts in Round One were used in the development of the items sent to raters in Round Two of the Delphi poll. This process of data triangulation ensured a more comprehensive list of supervision competencies for counseling doctoral graduates. An additional triangulation strategy was to use separate trained research teams for each step in the qualitative data analysis process. The development of the *a priori* list of competencies gleaned from the literature was developed based on consensus input from an independent research team members along with the primary investigator.

Additionally, the Methodologist reviewed this list before it was finalized. Similarly, the researcher and a second research team completed open and consensus coding for the development of the Round One codebook. A third research team used the same process for the development of the Delphi codebook of competencies that was sent to the expert panel for round two of the process. The Methodologist reviewed each step of this data analysis process, and the researcher, Chair and Methodologist came to consensus

agreement on the list of competencies sent to the experts for rating in Round Two. The use of separate research teams helped minimize the impact of researcher bias, and also helped ensure that while team members were coding one list, they were not influenced by an earlier process of coding a different list. This triangulation of method, along with review of the data and final lists by the Methodologist, and the use of a peer debriefer are frequently used criteria for establishing trustworthiness in qualitative research (Corbin & Strauss, 2008; Creswell, 2007; Miles & Huberman, 1994). In addition, the data collection and data analysis processes were audited by an outside reviewer prior to presentation of final results.

The research design included establishment of thresholds for means and standard deviations in Part I of the study in order to enhance the reliability of the items generated on the list. With relatively low standard deviations and relatively high means, it is more likely that another group of experts would endorse the competencies. In Part II of the study, a second set of experts was polled to establish content validity for each item developed in Part I of the study.

Delimitations and Limitations

There are a number of questions regarding supervisor training and development that were not asked for purposes of clarity for the study. For example, the researcher did not ask about exclusionary supervision competency criteria or training and evaluation measures. The questions asked were focused on the necessary clinical and administrative supervision competencies expected for new doctoral graduates and not on supervision competencies in general.

There were a number of limitations present in this study that should be kept in mind when considering the results. First was the criteria used to define “expert”. It is possible that a different set of criteria may have resulted in a different panel of experts, whose opinions may have led to a different set of competencies than those gathered in the present study. Another limitation was that although efforts were made to recruit experts who could represent traditionally underrepresented populations, the majority of the experts were White, Female and affiliated with Mental Health Counseling as opposed to other interest areas. Furthermore, 9 experts were added to the Delphi panel after the completion of Round One, so they did not have the opportunity to offer open-ended feedback on supervision competencies necessary for doctoral graduates.

Additional selection bias issues were present in the development of both expert panels. For example, in the Delphi poll, the initial development of perspective experts was limited to a review of the websites of CACREP- accredited programs. Also, the faculty members selected to receive the invitation email had to have indicated on their academic website that they had a specific interest in supervision in order to be added to that list. Similarly, for the recruitment of experts on the Content Validity panel, a query was posted on the CESNET listserv. Other experts may have been recruited if the query had been posted through the ACES New Faculty Interest Network or through other resources.

The different recruitment methods used for each panel may have generated two qualitatively different groups, even though all the experts met the criteria set forth at the beginning of the study. Since the content validity experts were referred based on recommendations from current/past supervisees, it is possible that this group had a more

of a practitioner bias, while the Delphi group may have had more of a scholarly bias. This may be seen as either a limitation or strength, depending on the lens being used. On one hand, the groups may not be “equal enough” for the content validity assessment to be a true cross-validation of the items generated in the Delphi poll. On the other hand, the fact that two qualitatively different groups approved the 33 items on the final list could suggest and enhanced generalizability of the items.

Members of both expert panels were contacted via blind copy email. It is possible that once the list of perspective participants was developed, individual email invitations, rather than group “blind” emails, could have yielded higher participation rates due to more personalized invitations. Additionally, for the Delphi poll, experts had to reply to the invitation email in order to get the link. While this process was designed to reduce the number of emails to people who had no interest in the research (as indicated by a lack of response), it may have also reduced the number of people responding to the original invitation. Delphi experts were given 30 spaces to record their open-ended responses in Round One. The fact that two out of the 14 filled in all 30 spaces suggest the possibility that they may have filled in more competencies if given more spaces.

Specific efforts were made to help experts remain anonymous. The trade-off for keeping individual expert identity anonymous was that individual opinion could not be analyzed between rounds. Having access to that data might have offered insight into why certain items were either rejected or retained. The relatively low number of experts on each panel may have limited the reliability and validity in this study because aberrations in smaller sample sizes are more sensitive in statistical analyses than in larger samples (Cohen, 1992; Sink & Mvududu, 2010). If the expert panel were larger, it is quite

possible that more items may have been retained for the final consensus list of competencies – statistical significance is easier to achieve with higher numbers of participants (Borders, 2006; Cohen, 1992; Creswell, 2009). Borders (2006) noted the difficulty in collecting adequate sample sizes to conduct research in supervision. Based on the number of experts participating in the study, the list of competencies produced in this study should not be viewed as exhaustive. Rather, the list may be more accurately seen as an initial effort toward the development of a thorough list of benchmark supervision competencies for doctoral graduates.

Some of the expert comments offered in Rounds Two and Three of the Delphi poll suggest possible misunderstanding of the task. For example, there were 5 comments by experts in Round Two several experts indicating that some of the competencies cited were not the purview of doctoral students, but rather were functions of faculty members (see Appendix M). The question posed to experts was regarding their opinion around competencies for doctoral graduates, but the confusion indicated by the comments may also have affected the way certain items were rated. Again, if experts were tracked between rounds, the researcher may have been able to offer clarification and see if the experts having questions would change their ratings given the accurate information.

The data analysis and data reduction processes that took place prior to Round Two (the first rating task) in the Delphi poll may have also generated some limitations. The researcher chose to use three teams to help triangulate data reduction efforts, but the research teams were diverse enough demographically to have set up a limitation. Efforts were made to reduce the number of items developed from the data by Research Team #3 from the *a priori* and expert codebooks. This process resulted in some items that were

written as combinations of two or three closely-related concepts. For example, Item #30 in Round Two said, “Facilitates exploration of supervisees’ cultural and professional identity development”. One comment indicated that ‘cultural’ and ‘professional’ identities were two different things, and that they didn’t really ‘go’ together. Experts commented on other similar items, and it is possible that more items may have been retained for the final list if they had been written to more effectively represent single concepts. Additionally, the process of combining, collapsing, and re-writing items could have resulted in some items losing some of the connotations originally associated with them, which could have affected the way items were evaluated by experts (Keeney et al., 2001; Powell, 2003).

Summary

This chapter described the methods that were followed in data collection and analysis for the development of a consensus list of necessary supervision competencies for new doctoral graduates from Counselor Education programs. After the research question was shared, Delphi poll and content validity assessment methods were described. The selection criteria and recruitment plan for the expert panels was delineated, along with the question that members of the Delphi group were asked to answer in Part I of the study. The thresholds for the mean and standard deviation needed for acceptance of items in Rounds Two and Three of the Delphi poll were described. The selection and orientation of research teams was outlined. The content validity process to cross-validate the list generated in the Delphi study was explained. A method for analyzing results of the content validity section was presented. All of the procedures were utilized to develop a consensus list of the supervision competencies needed for new

doctoral graduates in counselor education to provide effective and ethical supervision. In the next chapter, results of the study will be presented.

CHAPTER FOUR

RESULTS

The goal of this research was to establish an expert consensus list of counseling supervision competencies expected of graduates from counselor education doctoral programs. Two processes, a Delphi poll (Linestone & Turoff, 2002), followed by a content validity assessment (Lawshe 1975), were employed to develop and validate this list of consensus supervision competencies. Given the lack of agreement on an accepted core of competencies currently in the counselor education and supervision literature (Borders, 2006; Rings et al., 2009), the use of these two processes appeared to be a useful strategy for establishing a consensus of expert opinions on this topic (Green & Dye, 2002; Lombardo, 2008; Milsom & Dietz, 2009; Moorhouse, 2009; Wilson, 2009). This chapter will provide results of the participant recruitment processes, research team development, data collection and analysis procedures, and a report of findings from this study.

Research Question

The purpose of this study was to develop and validate a list of supervision competencies that doctoral students should demonstrate prior to graduating and serving as professionals in the fields of counseling and/or counselor education and supervision. Specifically, these competencies consist of the supervisory knowledge, skills, and attitudes that experts in the field of counseling supervision agree are needed for doctoral level supervisors to practice ethically and effectively. The research question for this investigation was:

- What supervisory knowledge, attitudes and skills are needed for new doctoral graduates from counselor education programs to ethically and effectively provide supervision?

Participants

In Part I (the amended Delphi Poll) of the study, initial development of a participant list began with a review a faculty members profiles from CACREP-accredited doctoral programs. Thirty-Three individuals with a reported interest in counselor supervision were identified and put on the list of possible participants. Ten additional individuals were identified based on personal contacts and networking at professional conferences. A summary of participation in the Delphi Poll is provided in Table 4-1. At the start of the study, the 43 potential participants were contacted via blind-copy email. They were offered a brief explanation of the research and were encouraged to both refer other potential participants, particularly those from diverse racial/ethnic backgrounds, and reply to me so that I could send them the survey link. The link was omitted on this initial email because of the researcher's desire to send reminder emails for survey completion only to those who indicated an interest in completing the survey. A follow-up invitation email was sent 10 days later to the same group. In total, 24 of the 43 individuals invited indicated an interest in completing the survey by requesting the link. None of the respondents offered referrals to additional potential participants. The Round One survey was open for four weeks, and during that time, two reminder emails were sent via blind copy to the 24 people who said they would complete the survey. Fourteen of these completed the survey and provided an email address to indicate an interest in participating in Round Two.

In an effort to maximize the number of subject matter experts, a second follow-up invitation email was sent via blind copy to the 19 members of the original group of 43 who had not previously indicated an interest in participating. Nine people responded to this invitation, and were added to the 14 from the end of Round One, leaving a possibility of 23 participants for Round Two. Of these 23 invited, 17 participated. To maintain confidentiality, identification of respondents was not tracked, so there was no way of knowing which experts participated in Round Two. However, one of the 23 invited sent the researcher an email indicating she had participated in Round One, and was unable to participate in Round Two, but wanted to participate in Round Three. The items for Round Three were sent to the same 23 possible participants invited in Round Two, and of these, 18 completed the survey. At the end of the Round Three survey, participants were given an option to be identified as a member of the expert panel. Of the 18 people completing Round Three, 12 agreed to be named as members of the expert panel (Appendix L).

A review of attrition of participants over iterations of Delphi Poll studies is presented in Appendix A. According to the research cited, there was a range of attrition from first round to last round from 8% (Green & Dye, 2002) to 61.7% (Dressel et al., 2007). In the present study, with 23 indicating an interest in completing Round Two and 18 who actually completed Round Three, the attrition rate is 21.7%. However, caution should be exercised when interpreting this percentage, since some participants were actually added after the completion of Round One, and since we are aware of at least one participant who completed Rounds One and Three, but not Round Two.

Table 4-1 – Summary of Delphi Poll Participation

	# Invited Participants	# Actual Participants	% Overall Participation
Round One	43	14	32.6
Round Two	23 *14 (R1) + 9 new	17	73.9
Round Three	23	18 *17 + one (R1)	78.3

Note. R1 = Round One Delphi Poll

Participants for Part II of the study, the content validity phase, were recruited by posting a query on the Counselor Education and Supervision Network (CESNET) listserv.

Advanced doctoral students and new faculty members were asked to offer the names and email addresses of their most effective supervisors. In the posting, readers were informed that the individuals they referred would be contacted to participate in a research study designed to develop and validate a list of supervision competencies for doctoral graduates. Thirty-six recommendations were collected. None of these perspective participants were found to be on the list for the Delphi poll in Part I. Each of the 36 was included on a blind-copy email requesting their participation in the study, and directing them to a link through Survey Monkey to log their responses.

The link directed them to an Informed Consent page, followed by Demographics questions and instructions for completing the items. Of the 36 individuals

invited, 15 clicked on the survey. Of these, there were 14 useable responses, yielding a response rate of 38.9%. At the end of the survey, content validity participants were given the option to be identified as members of the expert panel. Of the 14 completing the survey, 8 agreed to have their name listed as a member of the panel (Appendix L).

Expert Panel Demographics

The demographic questions presented to participants are listed in Appendix C. The demographics information collected included academic training, age, gender, ethnicity, and counseling interest areas. Additional information regarding training, experience, expertise, number of published articles or book chapters about supervision, and supervisory model or theory used in counselor supervision was also gathered. Demographics questions were not programmed to require responses, and some participants did not complete all of the items. Summaries of the information that was reported from participants in both parts of the study are presented in Table 4-2 and Table 4-3.

Regarding eligibility, all participants provided enough data to demonstrate having met eligibility requirements for the study, including formal academic training, supervision training, and experience providing supervision to doctoral students in counseling and/or pre-licensed clinicians. One Delphi expert did not respond to the question regarding their highest degree, but did respond to the open-ended question regarding the year the degree was granted and the question regarding the discipline in which the degree was granted. This respondent also completed the items associated with training and experience in supervision, indicating s/he had taken one formal course in

supervision, had received supervision-of-supervision for two semesters, and had been providing supervision for doctoral students and/or pre-licensed clinicians for 17.5 years.

Regarding academic training, a majority of the participants had been trained in the discipline of counselor education and supervision. Regarding age, the mode age range of the Delphi experts was 56 – 65 years, while the content validity experts were more equally distributed across age ranges. Both had half under age 55. There were slightly more females than males in both groups, and the ethnicity represented in both groups was primarily White, despite efforts to recruit participants from diverse racial/ethnic groups.

Participants were encouraged to select as many interest areas within the profession as applied to their individual career. Specific areas chosen by the experts are shown at the bottom of Table 4-2. Among the Delphi participants, all 23 experts responded to this question. Four chose a single interest area, 11 chose two areas, four chose three areas, two chose four areas, and two chose 5 areas. Among the Content Validity participants, all 14 experts responded, with two citing one area, 5 citing two areas, three citing three areas, two citing four areas and two citing 5 areas. The two most frequently selected interest areas in the Delphi group were School Counseling and Mental Health Counseling, followed by College Counseling/Student Affairs and Marriage & Family Counseling. For the Content Validity group, the Mental Health Counseling category was most frequently selected, followed by Multicultural and College Counseling/Student Affairs. Both groups chose Rehabilitation Counseling least frequently.

Table 4-2

Expert Panel Demographics

	Delphi Study			Content Validity			Entire Panel		
	N	Total	%	N	Total	%	N	Total	%
Degree – PhD	22	19	86.0	14	10	71.4	36	29	80.6
Degree – EdD		3	13.6		4	28.6		7	19.4
Educ – Counseling	23	23	100.0	14	11	78.6	37	34	91.7
Educ – Psychology		0	--		3	21.4		3	8.3
Age 36 – 45	22	6	27.2	12	2	16.7	34	8	23.5
Age 46 – 55		5	22.7		4	33.3		9	26.5
Age 56 – 65		9	40.9		3	25		12	35.3
Age 65+		2	9.0		3	25		5	14.7
Gender –Male	23	10	43.5	14	6	42.8	37	16	43.2
Gender – Female		13	56.5		8	57.1		21	56.7
Ethnicity – Latino/a	23	0	---	13	1	7.7	33	1	3.0
Ethnicity – Caucasian		20	86.9		10	76.9		30	90.9
Ethnicity – Multi		3	13.4		2	15.4		5	15.5
Interest – School Counseling	23	10	43.5	14	3	21.4	37	13	35.1
Interest – Mental Health Counseling		19	82.6		13	92.8		32	86.5

Table 4-2 CONTINUED

	Delphi Study			Content Validity			Entire Panel		
	N	Total	%	N	Total	%	N	Total	%
Interest – Rehabilitation		1	4.3		3	21.4		4	10.8
Counseling									
Interest – College		8	34.8		6	42.8		14	37.8
Counseling									
Interest – Multi-Cultural		5	21.7		6	42.8		11	29.7
Counseling									
Interest – Marriage and		9	39.1		3	21.4		12	32.4
Family Counseling									
Interest – Other		4	17.3		3	21.4		7	18.9

Note. *N* = Participants who responded to that particular item. Educ = Discipline associated with doctoral degree earned

Table 4-3 shows the training and experience in counselor supervision for both expert panels, as well as the combined group. Members of the Delphi group reported almost 7 times more ongoing training in the form of workshop attendance than the content validity group, while those in the content validity group reported almost three times the amount of participation in monthly peer supervision than members of the Delphi group. Experts in both groups reported having provided supervision to master's level counselors (for licensure) and/or doctoral students (supervision-of-supervision) for an average of over 14 years per expert.

Table 4-3

Expert Panel Supervision Training Received

	Delphi 23 Respondents		Content Validity 14 Respondents		Combined Panel 37 Respondents	
	Total	<i>M</i>	Total	<i>M</i>	Total	<i>M</i>
# Formal Courses	45	1.96	17	1.21	62	1.68
# Workshops	621	27.0	57	4.07	678	18.32
# Months – Supervision of Supervision	278	12.09	152	10.86	430	11.62
# Months – Peer Supervision	210	9.13	395	28.21	605	16.35
# Years Providing Supervision	339	14.74	208	14.86	547	14.78

Note. *M* = Mean

Experts were asked the following open-ended question regarding theoretical orientation: “What is your preferred theory or model for use in supervision?” Seventeen of the 23 Delphi experts and all 14 Content Validity experts responded to this question. Responses were tallied, and Table 4-4 presents a frequency count for the number of times each supervision model was cited as a preference by expert panel members. The category “eclectic” is included in this table because there were two experts who used this term when describing their theoretical orientation/preferred model for use in supervision. Among experts on the Delphi panel, 8 cited one model for supervision, 6 cited two models, and three experts cited three models each. Among experts on the Content

Validity panel, 8 cited one approach to supervision, three reported two models, and three reported three models each. In total, the experts reported developmental and discrimination models or theories for use in supervision most frequently.

Table 4-4

Theories/Models for Use in Supervision

(31 Participants; 52 Responses)

Theory/Model	Frequency
Developmental	15
Discrimination	11
Experiential	5
Interpersonal	5
Systemic	4
Psychodynamic	3
Collaborative	2
Eclectic	2
Structured Peer	2
Adlerian	1
Adaptive	1
Feminist	1

Regarding the number of peer-reviewed articles and/or books/book chapters published on the topic of supervision, 22 of 23 Delphi experts and all 14 Content Validity

experts offered responses. On the Delphi expert panel, two members had not published at all, 6 reported publishing one to three articles/chapters, 9 reported publishing four to six articles/chapters, and 5 reported publishing 10 or more. Among the Content Validity experts, 11 reported not have published any articles/chapters, one reported publishing between one and three, one reported publishing between 7 – 9, and one reported publishing 10 or more. In total, among the 36 experts responding to this item, 13 published none, 7 published one to three, 9 published four to six, one published 7 – 9, and 6 published 10 or more articles/chapters/books on the topic of counselor supervision.

Research Teams

Three research teams participated in this study. The choice of three teams was made in order that individual or group bias among research team members could be minimized, and also for the purpose of triangulating data reduction activities. The first team, comprised of two members in addition to the primary researcher, assisted with the development of the *a priori* codebook (Appendix G), the second, also comprised of two members in addition to the primary researcher, helped develop the Round One codebook (Appendix H), and the third team, comprised of three members in addition to the primary researcher, helped blend results of earlier codebooks to create the Delphi codebook (Appendix I). This codebook comprised the list of competencies that experts were asked to rate and comment on in Round Two of the Delphi poll. Team members were recruited from among the population of students who met the criteria for research team participation (successful completion of a doctoral level class in qualitative research methods) and who were concurrently completing their doctoral work at Old Dominion University. Each completed an information sheet (Appendix E). Each research team

member served on only one research team. Summaries of team member information are presented in Table 4-5 and Table 4-6.

Most team members were females in their early 30s. There were three African Americans and four Whites, and most had been working in the counseling profession for less than 10 years. All had received clinical supervision for at least 18 months, and all had some experience providing supervision. Team members were at various stages of completing their doctoral degrees in counseling.

Table 4-5

Research Team Member Information

Team Member →	1	2	3	4	5	6	7	Total/M
Team Number →	1	1	2	2	3	3	3	
Gender	F	F	M	F	F	F	F	6-F; 1-M
Age	40	30	30	48	33	27	31	239/34.14
Ethnicity	B	B	W	W	B	W	W	3-B; 4-W
#Yrs. Working in profession – Pre Masters	5.58	2.00	7.00	3.50	0	1.33	3.92	23.3/3.33
#Yrs. Working in profession – Post Masters	8.25	5.00	.83	22.2	8.0	2.25	4.83	51.36/7.34
#Yrs. Receiving Clinical Supervision	6.08	3.00	1.58	22.2	3.0	1.50	3.67	40.85/5.84
#Yrs. Providing Clinical Supervision	3.50	.25	1.58	10.0	3.0	.17	1.50	20.0/2.86

Table 4-5 CONTINUED

Team Member →	1	2	3	4	5	6	7	Total/M
Team Number →	1	1	2	2	3	3	3	
# completed doctoral semesters	5	2	5	5	7	2	2	28/4
# Yrs. Experience assisting with or conducting qualitative research	3	.75	1.58	.50	2.0	.83	.58	9.24/1.32

Note. F = Female; M = Male; W = White; B = Black/African American; M = Mean.
Team 1 developed the A Priori codebook; Team 2 developed the Round One codebook,
and Team 3 developed the Delphi codebook.

Two of the three research teams were made up of all females, while Research Team #2 included one male and one female. The mean age of all research team members was just over 34 years, and Team #1 most closely resembled this with a mean age of 35. The mean age for Team #2 was 39 years, and for Team #3, made up of three members as opposed to two, the mean age was 30.0. Teams #1 and #2 were all Black and all White, respectively, while Team #3 included one Black participant and two who were White. The teams varied in terms of both clinical and supervision experience, with Team #2 showing the highest mean, followed by Team #1, and finally, Team #3. Interpretation of averages may be misleading, since each team only had two or three members. Also, of the 7 total team members, two were relatively older than the rest (members #1 and #4), which affected both the mean of the entire group, along with the means associated with each of these team members, for items including age, pre and post master's clinical experience, and experience with providing and receiving supervision.

Team members were asked what they believed were the three most important supervision competencies, and a list of responses is presented in Table 4-5. Multicultural Competencies was most frequently cited by research team members as one of the most important supervision competencies. Relationship Skills was cited next most frequently, followed by Clinical Expertise and Knowledge of Theories.

Table 4-6

“Top 3” Competencies

Preferred by Research Team Members

Competency	Frequency
Multicultural	5
Relationship Skills	4
Theories	3
Clinical Expertise	3
Ethics/Legal Issues	2
Counselor Development skills	2
Interpersonal Process Recall	1
Academic Knowledge	1

Note. Seven research team members were each asked to cite the three most important competencies for counselor supervisors to be able to demonstrate. Total = 21 responses

Part I – Delphi Poll Results

Research Team #1 performed the open and consensus coding of the counseling supervision literature cited in Appendix F in order to identify which competencies were evident in the professional literature. All three members of this research team read and

developed a list of competencies individually. Each of the three lists was distributed to each member of the group prior to meeting for consensus coding. During the consensus coding meeting, all three members blended and collapsed items from all three lists to develop and agree upon the *a priori* list of 205 competencies shown in Appendix G.

Concurrently, in Round One of the Delphi poll, experts were asked the following question:

Supervision competencies may be referred to as the knowledge, skills and attitudes needed for the effective provision of counselor supervision.

Taking all things into consideration, and in no particular order, please list the supervision competencies that you think new doctoral graduates should have mastered. Competencies may be drawn from all aspects (clinical and administrative) of supervision. Please list as many as you can think of.

Spaces were provided for each expert to list up to 30 competencies. There were 24 experts who entered the survey, and 14 who completed this question. Together, they generated a total of 336 competencies. Table 4-7 shows the number of items entered by the experts.

Table 4-7

Item Count in Round One

# of Items Listed	# of Experts
30	2
29	2

Table 4-7 CONTINUED

# of Items Listed	# of Experts
28	1
26	2
25	1
23	2
19	2
17	1
12	1
336	14

The researcher and two members of Research Team #2 individually analyzed the aggregate list of 336 items cited by the experts and blended together items that seemed to be saying the same thing in order to develop one condensed list. Each of the three lists was sent to all team members prior to consensus coding, which was conducted electronically. All three members helped develop and ultimately came to 100% agreement with the 93 items listed in the Round One Codebook (Appendix H).

Research Team #3 was made up of three individuals and the primary researcher. They performed axial coding of the *A Priori* Codebook and the Round One Codebook generated by research teams # 1 and 2. Each member was given both codebooks and was instructed to collapse the items into one list individually. Each member's collapsed list was distributed to all members prior to meeting for consensus coding. At this meeting, the group condensed and collapsed items. However, there were so many items to work

with, that the team agreed to meet a second time. At this second face-to-face meeting, the group performed additional data reduction until all four came to agreement on the items to be sent to the experts for rating in Round Two of the Delphi poll. The Methodologist, Chair, and the primary researcher then collapsed the items further and then the three of us approved the 60 items listed in the Delphi Codebook (Appendix I).

In Round Two of the Delphi poll, 23 experts (14 from Round One who agreed to participate in Round Two, together with the 9 experts who responded to a second email appeal for participants) were sent the 60 items in the Delphi Codebook for rating. They were asked to rate the degree to which they agreed that each item was a supervision competency that PhD counseling graduates needed to be able to demonstrate. Raters chose from the following options: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Somewhat Disagree*, 4 = *Somewhat Agree*, 5 = *Agree*, and 6 = *Strongly Agree*.

Experts were invited to offer any comments they felt would be useful to the researcher for clarifying or rewording items. Seventeen experts completed Round Two. Means and standard deviations were computed for each item. Detailed results of this round are presented in Appendix M, which shows the mean and standard deviation for each item, along with any comments on each item made by the experts. Items that yielded a mean of ≥ 4.00 , and a standard deviation of $\leq .85$ were retained based on having met the criteria established by the researcher. Forty-Two items met the criteria to be retained and 18 were reviewed to be sent back to the experts for rating in Round Three. Based on rater comments, two of the 18 were re-worded for the next step in the process.

In Round Three, experts reviewed the 18 items from Round Two that had not met the established thresholds, along with the comments that had been offered for these items. The experts were again asked to rate each item in the same manner as the previous round. Appendix N shows the items that were sent out in this iteration, along with the means and standard deviations computed after the conclusion of this round, and additional comments made by experts. Eighteen of the 23 experts completed this round. Of the 18 items, 12 were rejected based on the established criteria and 6 were retained. One of the re-worded items (*Complies with policies and procedures of the supervisees' work setting, given they fall within legal/ethical parameters*) was rejected, while the other (*When assessing supervisee, selects methods based on supervisee work setting, developmental level, and learning style*) was retained.

A review of results between Round Two and Round Three of the Delphi poll (see Appendices M and N, respectively) demonstrates the manner with which Delphi polls are said to function (Linestone & Turoff, 2002; Iqbal & Pison-Young, 2009), that is, that groups of experts come to closer and closer to consensus with each round of rating. Items that were ultimately retained came much closer to convergence in Round Three after Round Two (either a higher mean and/or a lower standard deviation), and items that were ultimately rejected went further away from convergence in Round Three (either a lower mean and/or a higher standard deviation). For example, looking at item #25 (which was ultimately retained)- *Encourages supervisees to initiate discussion of the impact of multicultural influences with clients* - we see that in Round Three, the mean increased and the standard deviation decreased, moving the item closer to convergence. Conversely, in looking at item #1 (which was ultimately rejected) - *Encourages*

development of a culturally diverse caseload for breadth of supervisee skills – we see that in Round Three, the mean was reduced and the standard deviation increased from Round Two, moving the item further away from convergence. Although not stated directly in the literature on the Delphi methodology, in this study the iterative process made both retention and rejection decisions more clear.

After the conclusion of the Delphi poll, the researcher, Methodologist, and Chair reviewed the items from Round Two and Round Three that had met the thresholds set in the research design, along with any comments made on these items. Based on this analysis, they confirmed the 48 competencies shown in the Content Validity Codebook (Appendix J). These items would be sent to the second panel of experts for content validity assessment.

Part II- Content Validity Findings

The invitation for the Content Validity assessment was sent via blind copy email to the 36 experts who had been referred by advanced doctoral students and first year faculty following a post to the CESNET list serve. Responders to the email were directed to complete informed consent information and demographics items before rating the competencies. Fifteen experts accessed the survey, and 14 completed it. In this survey, experts were asked to rate each item as either *Essential*, *Helpful but not necessary*, or *Not Necessary* in order to establish content validity via the Lawshe (1975) method. Once completed, a Content Validity Ratio (CVR) was computed for each item. CVR is expressed through the following formula:

$$\frac{n_e - N/2}{N/2}$$

n_e = # experts rating the item as “Essential”

N = total # of Subject Matter Experts (SMEs)

In order to be statistically significant at the alpha level of .05, CVRs for the items in the content validity part of this study had to exceed the critical value of 0.51, based on the fact that 14 experts completed the Content Validity survey (see Appendix D). Therefore, items with a $CVR \geq 0.51$ were retained for the final list of competencies, and those not meeting this threshold were deleted. The 33 items that met or exceeded this threshold are presented below in Table 4-8 (and in Appendix K), along with the CVR and final Mean/Standard Deviation for each item:

Table 4-8
Supervision Competencies– Final Results

Item	Competency	M	SD	CVR
1	Collaborates with supervisee to develop a plan for supervision to be implemented with flexibility	4.56	0.78	1.0
2	Collaborates with supervisee on goals for supervision	5.41	0.71	.71
3	Effectively manages a caseload of supervisees	5.00	0.71	.71
4	Collaborates with others who provide supervision to supervisee	5.18	0.64	.71

Table 4-8 CONTINUED

Item	Competency	M	SD	CVR
5	Utilizes direct (e.g., tapes, live supervision) and indirect (e.g., case recall, group processing) means to evaluate supervisee progress	5.71	0.59	.71
6	When assessing supervisee, selects methods based on supervisee work setting, developmental style, and learning style	5.11	0.83	.71
7	Regularly provides formal and informal formative and summative feedback to supervisee on overall progress (e.g., supervision goals and professional development)	5.88	0.33	.86
8	Models being a reflective practitioner, preparing supervisees to self-supervise	5.50	0.62	.71
9	Teaches appropriate counseling interventions by integrating theory with practice (e.g., teaching supervisee to work through resistance with clients, appropriate use of self-disclosure as a counseling intervention)	5.41	0.71	.86
10	Teaches supervisee to promote client self-efficacy	5.06	0.83	.71
11	Demonstrates knowledge in the domains salient to the supervision provided and/or seeks consultation as needed	4.39	0.85	.86

Table 4-8 CONTINUED

Item	Competency	M	SD	CVR
12	Facilitates supervisee's development of their own	5.18	0.81	.71
	theoretical orientation and approach to the helping process			
13	Addresses power and privilege in supervision and	5.41	0.62	.71
	counseling relationships			
14	Discusses appropriate crisis intervention and prevention	5.00	0.71	1.0
	techniques; debriefs with supervisee following crisis events			
15	Helps supervisee build/maintain positive working	5.59	0.62	1.0
	alliance with clients, including repairing ruptures in therapeutic relationships			
16	Initiates discussion of the impact of multicultural	5.53	0.51	1.0
	influences in supervision and counseling			
17	Encourages supervisee to initiate discussion of the impact	5.22	0.65	.86
	of multicultural influences with clients			
18	Addresses supervisees' personal feelings and thoughts	5.41	0.51	1.0
	about the counseling process (e.g., interpersonal relationships with clients, multicultural issues)			
19	Utilizes available methods for facilitating cognitive	5.11	0.68	.71
	complexity and critical thinking in supervisee			

Table 4-8 CONTINUED

Item	Competency	M	SD	CVR
20	Understands and adheres to applicable laws and ethical codes pertaining to both counseling and supervision, and encourages same in supervisee	5.94	0.24	1.0
21	Addresses vicarious liability in supervision, and safeguards client welfare, intervening when necessary	5.41	0.62	1.0
22	Requires supervisees to use appropriate informed consent documents with clients	5.53	0.72	1.0
23	Provides procedures for reporting child/vulnerable adult abuse	5.47	0.62	1.0
24	Keeps supervision records secure and confidential	5.65	0.49	1.0
25	Sets/maintains appropriate boundaries with supervisee, avoiding all sexual or romantic relationships; clearly expects same from supervisee with clients	5.82	0.73	1.0
26	Demonstrates and provides rationale for use of a variety of supervision techniques (e.g., modeling, role playing, role reversal, Interpersonal Process Recall, microtraining, live supervision, live observation)	5.24	0.75	.57
27	Understands unique dynamics associated with individual, triadic, group, peer, and team supervision	5.29	0.59	.57
28	Terminates supervision appropriately	5.24	0.44	.86

Table 4-8 CONTINUED

Item	Competency	M	SD	CVR
	Establishes/maintains a strong positive working			
29	alliance/relationship with supervisee, including repair of supervisory working alliance ruptures as necessary	5.59	0.61	.86
30	Respects and values opinions and worldviews outside of one's own	5.53	0.62	1.0
31	Uses effective communication skills	5.53	0.80	1.0
32	Regulates and manages own emotions	5.47	0.80	1.0
	Effectively manages multiple priorities	4.88	0.78	.86

Note. M = Mean after Delphi Poll (1st SME Panel). Scale: 1 – 6. Criteria: ≥ 4.00 . SD = Standard Deviation after Delphi Poll (1st SME Panel). Criteria: ≤ 0.85 . CVR = Content Validity Ratio after Content Validity Assessment (2nd SME Panel). Criteria: ≥ 0.51

Table 4-9 shows the CVR values for the 15 items that were rejected during the content validity phase of the research. All CVRs are listed in Appendix J.

Table 4-9

Items Rejected during Content Validity Phase

Item	Competency	M	SD	CVR
1	Utilizes contract for supervision which includes appropriate disclosures and clear expectations	5.76	0.44	.43
2	Discusses and balances administrative and clinical supervision activities	5.00	0.79	.43

Table 4-9 CONTINUED

Item	Competency	M	SD	CVR
3	Regularly evaluates quality of the supervision process, including feedback from supervisee, peer/outside evaluators, and self-assessment	5.39	0.70	.43
4	Models ongoing professional development and encourages same in supervisee	5.41	0.51	.29
5	Understands and properly utilizes technology across all aspects of the counseling and supervision processes as applicable	4.71	0.69	-.29
6	Models and encourages ongoing multicultural growth and development (e.g., keeping current with multicultural counseling literature, seeking consultation on multicultural issues)	5.12	0.60	.14
7	Facilitates exploration of supervisee's cultural and professional identity	5.00	0.71	.43
8	Balances interpersonal process interventions with task mastery interventions	5.12	0.70	.29
9	Helps supervisee disengage from client successes and failures	4.94	0.56	.43
10	Discusses stages of supervision and supervision style with supervisee	5.06	0.75	0

Table 4-9 CONTINUED

Item	Competency	M	SD	CVR
11	Educates supervisee on benefits/limits of professional liability insurance coverage	4.76	0.83	0
12	Facilitates understanding of the impact of oppression (e.g., racism, sexism, heterosexism) on supervisee and clients	5.29	0.69	.43
13	Applies knowledge of stages of counselor development	5.53	0.51	.29
14	Knows models of supervision and utilizes an identifiable model or justifiable hybrid of models	5.35	0.61	.29
15	Recognizes and addresses psychodynamic processes in supervision and counseling (e.g., parallel process, transference, countertransference)	5.00	0.61	.29

Note. M = Mean after Delphi Poll (1st SME Panel). Scale: 1 – 6. Criteria: ≥ 4.00 . SD = Standard Deviation after Delphi Poll (1st SME Panel). Criteria: ≤ 0.85 . CVR = Content Validity Ratio after Content Validity Assessment (2nd SME Panel). Criteria: ≥ 0.51

The Content Validity Index (CVI) is a measure of the content validity for an aggregate list of items, and is expressed as the mean of the CVRs of each item on the list. The same rule for critical value applies, so that the CVI for this list of 33 items would automatically be statistically significant, since all the items retained on the list had met or exceeded critical value (Lawshe, 1975; Wilson, 2009). The mean of the CVRs for this final list of supervision competencies that doctoral counseling graduates should be able to demonstrate was 0.86, exceeding the critical value of 0.51 by 68.6%. These results suggest that the set of competencies presented above has content validity as a list of

consensus supervision competencies that doctoral counseling graduates should be able to demonstrate (Lawshe, 1975; Wilson, 2009).

After the completion of data collection and analysis for both parts of the study was complete, the researcher met with an outside auditor for a review of the entire process. The use of an auditor is frequently recommended to assist in the establishment of trustworthiness when using qualitative research methods (Corbin & Strauss, 2008; Patton, 2002). The auditor selected was a member of the faculty at Old Dominion University in the Department of Counseling and Human Services who was not otherwise affiliated with the research, and who had not previously served in any advisory capacity for the primary researcher. He teaches a testing and assessment classes, and has authored a number of counseling textbooks currently in use in counselor education and supervision programs around the country. Based on an interview with the primary researcher and visual inspection of raw data at various steps in the data reduction process, the auditor assessed that the actions taken in the study matched those that were stated would be taken, affirming the integrity of the qualitative data collection and analysis process.

Summary

This chapter has provided results of the participant recruitment processes, research team development, data collection and analysis procedures, and a report of the findings from this study. The next chapter will offer a discussion of these results, including implications for practice and future research, as well as limitations of the study.

CHAPTER FIVE

DISCUSSION & CONCLUSIONS

The purpose of this study was to develop and validate a list of supervision competencies that experts agree doctoral students should successfully demonstrate prior to graduating and serving as professionals in the fields of counseling and/or counselor education and supervision. Specifically, these competencies consist of the supervisory knowledge, skills, and attitudes that experts in the field of counseling supervision agree are needed for doctoral level supervisors to practice ethically and effectively. Two processes, a Delphi poll (Linestone & Turoff, 2002), followed by a content validity assessment (Lawshe 1975), were employed to develop and validate the consensus list of necessary supervision competencies for doctoral counseling graduates. Given the lack of agreement on an accepted core of competencies currently in the counselor education and supervision literature (Borders, 2006; Falender et al., 2004; Rings et al., 2009), the use of these two processes appeared to be a useful strategy for establishing a consensus of expert opinions on this topic (Green & Dye, 2002; Lombardo, 2008; Milsom & Dietz, 2009; Moorhouse, 2009; Wilson, 2009).

This chapter will provide a discussion of the research results and the contributions of this study to augmenting the current literature regarding supervision competency for doctoral counseling graduates. Additionally, limitations will be acknowledged, implications for practitioners and counselor educators and supervisors will be proposed, and application for future research will be presented.

Research Question

The research question guiding this investigation was:

- What supervisory knowledge, attitudes and skills are needed for new doctoral graduates from counselor education programs to ethically and effectively provide supervision?

The research design used to answer this question involved two groups of subject matter experts (SMEs), and the combination of an amended Delphi poll (Linestone & Turoff, 2002), followed by a content validity assessment (Lawshe, 1975; Wilson, 2009). The process of integrating existing research with expert opinion, reducing data through qualitative coding, utilizing thresholds for evaluation of convergence, and establishing validity through the endorsement of a second expert panel ultimately resulted in a consensus list of 33 supervision competencies counseling doctoral graduates should be able to demonstrate (Appendix K).

Research has shown the connection between effective counselor supervision and enhanced counseling outcomes with clients (Creaner, 2009; Emilsson & Johnsson, 2007; Getz, 1999; Magnuson et al., 2000; Tyson et al., 2008), lending support for a focus on supervisor competency. Given the complex nature of supervision (Bernard & Goodyear, 2009), it appears that doctoral student supervisors in training, as well as the doctoral faculty who support them, may benefit from this list of competencies to assist in the training and evaluation of supervision skills (Emilsson & Johnson, 2007; Falender et al., 2004; Haley, 2002; Majcher & Daniluk, 2009; Nelson et al., 2006; Rings et al., 2009). The list of competencies developed in this study may provide a foundation for the development of training and evaluation tools and programs for supervisors that can lead to improved competency in the provision of supervision and, in turn, enhanced client outcomes.

Summary of Significant Findings Related to the Literature

This study commenced with separate investigations of supervision competencies. While one research team examined the professional literature, another team analyzed the responses of experts in the field of counselor education and supervision. These investigations generated 205 items from the literature and 336 items from the experts, for a total of 541 possible items. Since we know that attrition of participants is common in Delphi poll research (Dressel et al., 2007; Green & Dye, 2002; Iqbal & Papon-Young, 2009), efforts were made to eliminate redundancies and minimize the number of items being sent out to the SMEs, while still accurately representing the original pool of 541 competencies. Three different research teams, together with the researcher, Methodologist, and Chair, performed qualitative data analysis and reduction to identify common themes, combine items with redundant meanings, and produce a concise list that was congruent in content with the original pool of items. These efforts produced a collection of 60 competencies.

This set of 60 was sent to the Delphi poll group of SME's for rating, evaluation, and comments. Items meeting researcher thresholds were retained and re-worded for clarification, leaving 48 competencies that would be sent on to the content validity panel. During this process, items meeting or exceeding the Critical CVR (Content Validity Ratio) value established at the .05 confidence level (Lawshe, 1975) were retained. The total number of competencies identified in the study was then further reduced to 33 as a result of this cross-validation process. The results suggest that the 33 items shown in Table 5-1 and in Appendix K are an accurate, valid representation of supervision

competencies that two panels of experts in the field of counselor education agree doctoral counseling graduates should be able to demonstrate (Lawshe, 1975; Wilson, 2009).

Table 5-1 also displays the degree of congruence of this study's results with representative conceptual and empirical efforts in the professional literature to establish supervision competencies. The sources surveyed here correspond to categories of literature used in the development (Appendix F) of the *a priori* codebook. The citations correspond to the following articles, chapters, or set of standards: A = AASCB, 2007 (representing credentialing); B = Ancis & Ladany, 2010 (representing multicultural competencies); C = Falender et al., 2004 (representing competencies from Psychology experts); D = Engels et al., 2010 (representing CACREP teaching competencies); E = Bernard & Goodyear, 2009 (representing supervision texts).

Table 5-1

Results Linked with Literature

#	Competency	Lit	A	B	C	D	E
		→					
1	Collaborates with supervisee to develop a plan for supervision to be implemented with flexibility				X	X	X
2	Collaborates with supervisee on goals for supervision				X	X	X
3	Effectively manages a caseload of supervisees		X				
4	Collaborates with others who provide supervision to supervisee			X			X

Table 5-1 CONTINUED

#	Competency	Lit	A	B	C	D	E
	Utilizes direct (e.g., tapes, live supervision) and indirect						
5	(e.g., case recall, group processing) means to evaluate supervisee progress			X	X	X	X
	When assessing supervisee, selects methods based on						
6	supervisee work setting, developmental style, and learning style			X	X	X	X
	Regularly provides formal and informal formative and						
7	summative feedback to supervisee on overall progress (e.g., supervision goals and professional development)			X	X	X	X
	Models being a reflective practitioner, preparing						
8	supervisees to self-supervise			X	X		X
	Teaches appropriate counseling interventions by						
9	integrating theory with practice (e.g., teaching supervisee to work through resistance with clients, appropriate use of self-disclosure as a counseling intervention)			X	X	X	X
10	Teaches supervisee to promote client self-efficacy						X
	Demonstrates knowledge in the domains salient to the						
11	supervision provided and/or seeks consultation as needed			X	X	X	X
	Facilitates supervisee's development of their own						
12	theoretical orientation and approach to the helping process			X	X	X	X

Table 5-1 CONTINUED

#	Competency	Lit	A	B	C	D	E
13	Addresses power and privilege in supervision and counseling relationships			X	X	X	X
14	Discusses appropriate crisis intervention and prevention techniques; debriefs with supervisee following crisis events		X			X	X
15	Helps supervisee build/maintain positive working alliance with clients, including repairing ruptures in therapeutic relationships			X		X	X
16	Initiates discussion of the impact of multicultural influences in supervision and counseling			X	X	X	X
17	Encourages supervisee to initiate discussion of the impact of multicultural influences with clients			X		X	X
18	Addresses supervisees' personal feelings and thoughts about the counseling process (e.g., interpersonal relationships with clients, multicultural issues)			X	X	X	X
19	Utilizes available methods for facilitating cognitive complexity and critical thinking in supervisee			X	X	X	X
20	Understands and adheres to applicable laws and ethical codes pertaining to both counseling and supervision, and encourages same in supervisee		X	X	X	X	X

Table 5-1 CONTINUED

#	Competency	Lit	A	B	C	D	E
21	Addresses vicarious liability in supervision, and safeguards client welfare, intervening when necessary		X	X		X	X
22	Requires supervisees to use appropriate informed consent documents with clients		X		X	X	X
23	Provides procedures for reporting child/vulnerable adult abuse		X			X	X
24	Keeps supervision records secure and confidential		X			X	X
25	Sets/maintains appropriate boundaries with supervisee, avoiding all sexual or romantic relationships; clearly expects same from supervisee with clients		X			X	
26	Demonstrates and provides rationale for use of a variety of supervision techniques (e.g., modeling, role playing, role reversal, Interpersonal Process Recall, microtraining, live supervision, live observation)			X	X	X	X
27	Understands unique dynamics associated with individual, triadic, group, peer, and team supervision					X	X
28	Terminates supervision appropriately					X	X
29	Establishes/maintains a strong positive working alliance/relationship with supervisee, including repair of supervisory working alliance ruptures as necessary			X	X	X	X

Table 5-1 CONTINUED

#	Competency	Lit	A	B	C	D	E
30	Respects and values opinions and worldviews outside of one's own			X	X	X	X
31	Uses effective communication skills			X		X	
32	Regulates and manages own emotions			X			
33	Effectively manages multiple priorities						

Note. A = AASCB, 2007 (credentialing). B = Ancis & Ladany, 2010 (multicultural competencies). C = Falender et al., 2004 (competencies from Psychology experts). D = Engels et al., 2010 (CACREP teaching competencies). E = Bernard & Goodyear, 2009 (supervision texts).

Considerations of the final list of competencies produced in this study should include the criteria for membership on the expert panel along with the purpose of the research. That is, the competencies produced herein were endorsed for new doctoral counseling graduates by a specific set of experts focused on doctoral graduates, rather than on competencies for all clinical supervisors. This section of the chapter will provide a discussion of each of the literature areas shown in Table 5-1 and how it compares with the final list produced in this study.

The competencies produced herein did capture many of the items found in requirements for credentialing of supervisors (AASCB, 2007). In addition to the AASCB requirements, the original literature used for the *a priori* codebook also included the ACS requirements (CCE, 2009). However, 25 items on this list do not appear to be covered in either set of requirements for supervisor credentialing. This discrepancy (more than 75% of the list is not represented in the credentialing requirements for these two organizations)

is quite large and potentially of concern. The credentialing requirements also appear to contain a number of items not represented on the list, such as specialized training, number of clock hours with clients, amount/type of education, current licensure status, and having a philosophy of supervision. One possible explanation for these discrepancies could be the apparent emphasis the two credentialing organizations seem to place on endorsing items contained in codes of ethics and standards of practice for supervision (AASCB, 2007; CCE, 2008). Conversely, the SME's involved in this study may have had a broader range of supervisory knowledge, awareness, and skills in mind when considering necessary competencies for doctoral graduates.

Still, when counted on their own, adherence to supervisory ethical codes is reflected in ten of the items on this study's list (AASCB, 2007; ACA, 2005; ACES, 1993; CCE, 1997). Specifically, items numbered 1, 2, 6, 7, 11, 20, 21, 22, 24, and 25 appear to endorse aspects of ethical codes for counseling supervisors. Half of these also include many of the credentialing-type items (items numbered 20, 21, 22, 24, and 25) as discussed above. Also, almost one-third ($n = 10$) of the items relate to behaviors/qualities that supervisors accused of harmful or inadequate supervision may not have possessed or displayed (Creaner, 2009; Ellis, 2001; Ellis, Siembor et al., 2008; Gray, Ladany, & Walker, 2001; Jacobs, 1991; Magnuson, Wilcoxon, & Norem, 2000; Nelson & Friedlander, 2001; Worthen & McNeill, 1996). Items speaking to harmful or inadequate supervision are seen in those numbered 1, 2, 7, 11, 12, 18, 20, 25, 30, and 32. In this regard, the current list may be useful in training supervisors to minimize inadequate or harmful supervision.

This focus on beneficial and harmful supervision practices is also reflected in the recently completed work of an ACES Task Force. This committee was appointed in 2008 to develop a list of “best practices” in clinical supervision. The team presented their findings to several focus groups at national conferences in 2009 and 2010, and integrated edits based on the feedback they received. The work of the task force appears to reflect the desire of professionals in our field to have a set of benchmarks for the effective and ethical provision of supervision and the potential value derived from having such standards for both the training of supervisors and the practice of counselor supervision. Their work is completed, although as of this writing (April 2011), the final document is not yet published on the ACES website (G. Lawson, ACES President-Elect, personal communication, 4/4/11). However, the fact that 61% ($n = 20$) of the items on the list of competencies produced herein also reflect items developed by the ACES task force is significant, given that the report clearly delineates “best practices” vs. “minimal acceptable practices” (p. 2), as the word “competency” may be seen as synonymous with “minimal acceptable practice”. Specifically, these are seen in items numbered 1, 2, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 19, 20, 21, 22, 23, 27, 29, and 30. The particular pool of experts agreeing to serve as participants in the current study may have a different set of standards for what constitutes a “competency” vs. a “best practice”. In fact, some of the comments offered in the Delphi poll alluded to this (see Appendix M and Appendix N). The actual document produced by the ACES task force contains 12 categories, 51 broad descriptions of best practices (sub-categories), and 206 specific behavioral items. Interestingly, some of the 29 broad items (out of the 51) that are not reflected on the list

produced by the current study were items that were actually under consideration for inclusion in this list at one point in the process.

One such standard receiving much attention in the literature is that of multicultural competencies in both supervision and counseling. To assist in ensuring beneficial supervisory practice, there have been numerous calls in the literature for the need for supervisors to display multicultural competence in their practice (e.g., Butler-Byrd, 2010; Chang et al., 2003; Gloria et al., 2008; Hird et al, 2004; Lassiter et al., 2008; Ober et al., 2009). Several multicultural competency lists have been suggested in the literature (Ancis & Ladany, 2010; Arrendondo et al, 1996; Arredondo & Toporek, 2004), and the current supervision competency list includes four items (items 13, 16, 17, and 30) directly related to the practice of multiculturally competent supervision. Additionally, over 63% ($n = 21$) of the items shown in Table 5-1 mirror concepts presented in the multicultural competency work of Ancis and Ladany (2010). This may suggest that the field of counselor education and supervision is moving toward better integration of multicultural competencies in supervisory training and practice. If this is true, we could then expect a positive effect on the overall clinical competencies and self-efficacy of new clinicians (Crockett, 2011; Inman, 2006).

Because Ancis and Ladany (2010) specifically addressed multicultural supervision, we would not expect that all of the items discussed therein would appear on the final list of “general” supervision competencies for doctoral graduates produced in this study. It is interesting to note, however, that just as in the “Best Practices” article discussed in the previous section, several competencies are present in Ancis and Ladany (2010) that were not retained for the final list of competencies in this study, but that were,

in some form and at some point, under consideration. Some examples include: from Domain A – *Supervisors are knowledgeable about alternative helping approaches other than those based in a North America and Northern European context*; from Domain B – *Supervisors facilitate the exploration of supervisees' identity development*; and from Domain F – *Supervisors recognize their responsibility to recommend remedial assistance and screen from the training program, applied counseling setting, or state licensure those supervisees who do not demonstrate multicultural competence*. Again, the similarities in the items on both lists suggest increased acceptance, teaching, and integration of multicultural counseling and supervision competencies. The differences may be best accounted for by the purposes of the tasks, the Ancis and Ladany (2010) task being to offer specific multicultural competencies for supervision in general, and the present study to offer general supervision competencies for a specific group (doctoral graduates).

In reviewing the literature pertinent to this study, the reader may recall there were a number of attempts at supervision competency lists from within the field of counselor education and supervision, as well as from other professional helping disciplines. With regard to the field of psychology, there were similarities between the list developed in this study and the consensus supervision competency list produced by Falender et al. (2004). Approximately 55% ($n=18$) of the items on the current list were congruent with that study. Other items from the current study that are not reflected by Falender et al. (2004) may be due to the different styles with which the lists were written. The items on the list developed in the current study appear to be fairly specific, while the items in the Falender et al. (2004) study may be seen as being more broadly written. For example, in the Falender study (Falender et al., 2004), under the category “Values,” item #8 reads,

“Value ethical principles”. In the present study, item #20 reads, *“Understands and adheres to applicable laws and ethical codes pertaining to both counseling and supervision, and encourages same in supervisee”*. Items that Falender et al. (2004) report, but which do not appear in the final list produced by this study include items such as #6 /Skills – *Ability to conduct own self-assessment process*; #7 /Values – *Balance between clinical and training needs*; and #1/Training – *Coursework in supervision including knowledge and skill areas listed*. As in previous sections of this discussion, versions of these items were included in the research for the list produced in this study, but the items were not retained based on the statistical analysis against thresholds set by the researcher and Dissertation Committee.

The overall agreement among the spirit of these two lists may suggest that, from a practical standpoint and despite ideological differences, representatives from diverse professional helping disciplines may possess some congruence in their views of clinical supervision. The list produced here also parallels Homonoff’s call for the development of social work fieldwork instructor competencies, including teaching skills to supervisees, offering reflection and encouragement, teaching therapists to connect theory with practice, develop an integrated model of supervision, apply research to practice, show appropriate support for supervisees, and uphold the mission of fieldwork education (Homonoff, 2008). Specifically, these are seen in items numbered 7, 8, 9, 19, and 26. The fields of counseling, psychology, and social work may be moving toward similar goals with regard to training supervisors. More evidence for this possibility is found in the fact that both foreign and domestic attendees from all three fields, many of them leaders in their respective disciplines, have been joining together annually since 2005 for

the International Interdisciplinary Conference for Clinical Supervision, sponsored through the Social Work program at Adelphi University. Further investigation of our similarities regarding approaches to clinical supervision may reduce some of the energy spent on turf issues among helping professionals (Calley & Hawley, 2008; Clawson, 1997; Datillio et al., 2007) and facilitate a more keen focus on training competent, ethical supervisors and clinicians.

The current list of 33 supervision competencies is strikingly congruent (27 items and 28 items, respectively) with the works of Engels et al. (2010) and Bernard and Goodyear (2009). The Engels et al. (2010) resource presents competencies and performance guidelines from all program areas of counselor education based on teaching guidelines from CACREP and other credentialing organizations for use in syllabus development. The counselor education and supervision chapter delineates material specifically designed for a course in supervision. Bernard & Goodyear (2009), frequently cited in supervision literature, has often been used for required classes in supervision. The popularity of Bernard and Goodyear (2009), together with a heightened awareness of CACREP standards due to recent changes, may have caused many of the items in the current study to sound very familiar to expert raters, leading to the congruent endorsement of competencies. The competencies developed in this study also seem to be substantially congruent with many of the items listed in instruments currently being used to evaluate various aspects of the supervision process (available in the 'supervisory toolbox' of Bernard and Goodyear's 2009 text).

The list produced in this study does add several items not present in these supervision instruments in Bernard and Goodyear (2009), specifically items 4, 8, 12, 32, and 33:

- #4 – *Collaborates with others who provide supervision to supervisee*
- #8 – *Models being a reflective practitioner, preparing the supervisee to self-supervise*
- #12 – *Facilitates supervisee's development of their own theoretical orientation and approach to the helping process*
- #32 – *Regulates and manages own emotions*
- #33 – *Effectively manages multiple priorities*

One possible reason for the exclusion of these items from the available pool of supervision assessments is the difficulty associated with measuring such constructs. There are few instruments that measuring perceptions from dyads (Borders, 2006), and no instruments to date that offer a “360” – style supervisor evaluation – where the supervisor evaluates him/herself, and impressions are also taken from supervisees', peers, and supervisors of the supervisor.

In addition, results of this study also appear to highlight some of the unique properties of supervision as a discipline separate from counseling (Baker et al., 2002; Bernard & Goodyear, 2009; Emilsson & Johnson, 2007; Falender & Shafranske, 2008; Henderson, 2006; Scott et al., 2000). Examples include Item #12: *Facilitates supervisee's development of their own theoretical orientation and approach to the helping process*, and Item #27: *Understands unique dynamics associated with individual, triadic, group, peer, and team supervision*. These examples, along with items numbered

1, 5, 6, 7, 9, 15, 16, 17, 19, 26, 32, and 33 affirm the literature regarding the importance of acknowledging supervision as requiring a distinct and separate set of skills from those associated with counseling and therapy (Baker et al., 2002; Bernard & Goodyear, 2009; Emilsson & Johnson, 2007; Falender & Shafranske, 2008). This affirmation is also evidenced in the increase of new supervision texts in recent years (Baird, 2008; Borders & Brown, 2005; Britton, Goodman, & Rak, 2002; Corey et al., 2010; Falender & Shafranske, 2008; Hawkins & Shohet, 2000).

It is also interesting to note that the final list of competencies generated in this study does not appear to align with any one particular supervisory model, perhaps reflecting the variety of theoretical orientations claimed by participating experts. Indeed, Table 4-4 shows preferences for 12 different supervisory theories/models cited among the 37 experts rendering their opinions. While having a supervision theory or model to follow is frequently recommended in supervision texts and training courses, supervision outcomes have been found to be most influenced by the supervisory working alliance, rather than by any one style or approach to the work (Creaner, 2009; Crockett, 2011; Frawley-O'Dea & Sarnat, 2001; Frick, 2009; Gatmon et al., 2001). This mirrors what we know about the use of specific models or techniques in counseling outcomes, despite “evidence-based practices” – that these only account minimally to the contribution to successful clinical outcomes (Asay, Lambert, Gregersen, & Goates, 2002; Coppock, Owen, Zagarskas, & Schmidt, 2010; Smith, Thomas, & Jackson, 2004). Given what we then understand about the impact of relationship on outcomes in both counseling and supervision, it makes sense that the competency of endorsing one supervisory model or a

combination of models was not retained for the final list. Of course, the rejection of this item may be due to some of the limitations that will be discussed later in this section.

All but four of the items on the final list of competencies corresponded with at least two of the representative bodies of literature listed in Table 5-1. Items #3 - *Effectively manages a caseload of supervisees*; #10 - *Teaches supervisee to promote client self-efficacy* and #32 - *Regulates and manages own emotions* each matched just one area, and Item #33 - *Effectively manages multiple priorities* didn't match any of the literature. The fact that counselor supervision experts view these as necessary competencies for doctoral graduates but that they are rarely seen in the literature may suggest further empirical investigation into these items.

Given the 541 possible items garnered in the raw data prior to the processes of qualitative data reduction, Delphi poll expert ratings, and content validity assessments, a brief review of the items which were not retained seems warranted. Close to half (45%) of the original 60 items sent to the experts (Appendix I) were ultimately rejected, some of which were interesting, given the current issues being faced by the field of counselor education and supervision in recent times. Referenced in Appendix I, some of these include items such as:

- *Develops and executes clearly communicated remediation plans as necessary*
- *Endorses supervisee only when supervisee has achieved the competencies necessary, given their developmental level.*

The number of content sessions in conference program booklets from recent ACA World Conventions and ACES Biannual Conferences on the topic of gatekeeping

suggests that the field still struggles with finding the best balance between legal and moral/ethical gatekeeping practices in counselor education. This is also a frequent topic of discussion on the CESNET listserv, and directly related to recent lawsuits in Michigan and Georgia (Palmer, White, & Chung, 2008; Ziomek-Daigle & Christensen, 2010). Given the importance of the professional responsibility counselors educators and supervisors have for gatekeeping, it is interesting that these items were not retained. Comments from experts appeared to indicate that these items may have been considered ethical issues but perhaps not associated with competencies needed for doctoral graduates. Also, the relatively small sample size of the expert panel may have contributed to the omission of these items.

Professional identity has long been a topic of discussion at conferences, among leaders of professional counseling organizations like ACA, the American Mental Health Counseling Association (AMHCA) and the American School Counseling Association (ASCA), within counselor education programs, in “turf wars” with peers in related helping professions, and in the counseling literature (Calley & Hawley, 2008; Clawson, 1997; Dattilio, Tresco, & Sigel, 2007; Gibson, Dollarhide, & Moss, 2010; Lewis & Hatch, 2008). It is noteworthy that none of the items listed below related to professional identity were retained, and also that none of the items on the final list appear to be directly related to counselor professional identity.

- *Models ongoing professional development and encourages same in supervisee (e.g., keeping current with counseling and supervision research, participating in professional organizations, attending professional conferences)*

- *Facilitates exploration of supervisees' cultural and professional identity development*
- *Encourages supervisee to seek out licensure/appropriate credentialing.*

Comments from experts (see Appendix M and Appendix N) indicated an acknowledgement of the importance of professional identity but also the observation or belief that professional identity has little to do with client outcomes. It could certainly be hypothesized that enhanced professional identity likely correlates with better awareness of advances in the field, which might then lead to improved clinical outcomes. However, many of the experts' comments on these items stated that they were "nice to do" but "not a competency". The word "competency" was defined for the experts as "supervisory knowledge, skills, and attitudes". In this regard, these items related to professional development could have been interpreted as "attitudes". It appears clear, based on the comments, that although these items weren't retained, they are certainly viewed as important by leaders in the field.

In recent years, an increasing number of counselor education programs are offering distance learning alternatives. A review of CACREP's website shows several accredited master's and doctoral level programs that are only offered in on-line formats. Mirroring the growth of distance counseling alternatives, distance-based counselor training programs will likely continue to grow (Lux & Sivakumaran, 2010; McAdams & Wyatt, 2010; Wright & Griffiths, 2010). This existence of this trend calls ethical practices into question, including those associated with viewing counseling tapes via distance methods, "live" supervision methods, and other uses of technology in counselor education and supervision (Glosoff & Matrone, 2010; Gruenhagen, McCracken, & True,

1999; Olson, Russell, & White, 2001). The rejection of the competency listed below by the experts given the growing use of technology in supervision may indicate the need for further study in this area.

- *Understands and properly utilizes technology across all aspects of counseling and supervision processes as applicable*

Both of the following items seem to fit with other multicultural competencies that call us to be culturally aware, knowledgeable, and skilled in our supervisory practice (Ancis & Ladany, 2010; Berkel, Constantine, & Olson, 2007).

- *Is knowledgeable about alternative helping approaches and limitations of traditional therapies with diverse clients*
- *Teaches supervisee to assess and integrate client's spiritual beliefs into treatment.*

Based on the attention paid to these kinds of issues from the field (e.g., content sessions at conferences, discussion topics on listservs), it might be reasonable to expect them to have been retained. However, the literature indicates that although spirituality is recently frequently acknowledged as a part of the “whole person,” counseling program leaders are minimally prepared to teach religious or spiritual interventions to students (Cashwell & Young, 2011; Hage, Hopson, Siegel, Payton, & Defanti, 2006). Likewise, the need for knowledge and appropriate integration of alternative helping approaches on the part of practitioners and supervisors alike is growing more prevalent in the literature (Ancis & Ladany, 2010; Milligan, 2006; Paquette, 2004; Pearson, 2010). The rejection of these items may lend support to the proposed need for enhanced faculty, supervisor,

and practitioner training in the areas of spirituality and religion in counseling, as well as the use of complementary and alternative counseling methods and approaches.

To summarize, the items that were ultimately rejected by the expert panel in this study may prompt as much further study as those that were retained. The rejected items may simply be in that category due to the small expert panel size, or they may tell us something more about the maturity of the discipline of counselor supervision. The methodology through which the final competency list in this study was developed, specifically the use of both a Delphi poll and Content Validity assessment, helps to enhance its validity and reliability. However, although the results suggest that these 33 competencies represent accurate consensus opinion among experts in the field of counselor education, there were limitations to the study that must be considered. These will be discussed in the next section.

Limitations

There were a number of limitations present in this study that should be kept in mind when considering the results. First was the criteria used to define “expert”. The Dissertation Committee agreed on the requirements that experts have a Ph.D. or Ed.D. in the field, formal training in supervision, and at least three years experience supervising doctoral students or pre-licensed clinicians. It is possible that a different set of criteria may have resulted in a different panel of experts, whose opinions may have led to a different set of competencies than those gathered in the present study. For example, if new faculty members had been invited as members of the expert panel (rather than only inviting faculty with at least three years experience in doctoral student supervision), they

may have been able to reflect on the supervision competencies they would like to have developed prior to graduating from their doctoral programs.

Another limitation was that the majority of the experts were White, despite efforts to recruit experts who could represent traditionally underrepresented populations,. In addition, the experts were disproportionately affiliated with Mental Health Counseling as opposed to other interest areas. Furthermore, 9 experts were added to the Delphi panel after the completion of Round One, so their open-ended feedback on supervision competencies necessary for doctoral graduates is not included in the data.

Additional selection bias issues were present in the development of both expert panels. For example, in the Delphi poll, the initial development of perspective experts resulted from a review of the websites of CACREP- accredited programs. More experts may have been recruited if non CACREP-accredited program websites were reviewed. Also, the faculty members selected to receive the invitation email had to have indicated on their academic website that they had a specific interest in supervision in order to be added to that list. A higher number of experts, or a pool of experts with different experiences, may have been secured through a different recruitment method (e.g., all members of ACES). Similarly, for the recruitment of experts on the Content Validity panel, a query was posted on the CESNET listserv. Other experts may have been recruited if the query had been posted through the ACES New Faculty Interest Network or through other resources.

The different recruitment methods used for each panel may have generated two qualitatively different groups, even though all the experts met the criteria set forth at the beginning of the study. A clear majority (11 out of 14 respondents) of content validity

experts had not published any articles, book chapters, or books on the topic of supervision, while over half (14 of 22 respondents) the Delphi poll experts had published at least four articles/books/book chapters on the topic of counselor supervision. Since the content validity experts were referred based on recommendations from current/past supervisees, it is possible that this group had a more of a practitioner bias, while the Delphi group may have had more of a scholarly bias. This may be seen as either a limitation or strength, depending on the lens being used. On one hand, the groups may not be “equal enough” for the content validity assessment to be a true cross-validation of the items generated in the Delphi poll. On the other hand, the fact that two qualitatively different groups approved the 33 items on the final list could suggest and enhanced generalizability of the items.

Members of both expert panels were contacted via blind copy email. It is possible that once the list of perspective participants was developed, individual email invitations, rather than group “blind” emails, could have yielded higher participation rates due to more personalized invitations. Additionally, for the Delphi poll, experts had to reply to the invitation email in order to get the link. While this process was designed to reduce the number of emails to people who had no interest in the research (as indicated by a lack of response), it may have also reduced the number of people responding to the original invitation. Delphi experts were also given 30 spaces to record their open-ended responses in Round One. The fact that two out of the 14 filled in all 30 spaces suggest the possibility that they may have filled in more competencies if given more spaces. However, the average number of responses was 24, suggesting that that the 30 spaces may have been adequate.

Specific efforts were made to help experts remain anonymous. For example, in addition to the invitations going out via “blind copy,” the researcher had no way of knowing which experts participated in each round of the Delphi poll, except that in Round Three, they were given the option to be named as a subject matter expert for the study. This option was provided at the end of the study, rather than at the beginning, so they could make an informed choice about being named. The trade-off for keeping individual expert identity anonymous was that individual opinion could not be analyzed between rounds. Having access to that data might have offered insight into why certain items were either rejected or retained.

The relatively low number of experts on each panel may have limited the reliability and validity in this study, because aberrations in smaller sample sizes are more sensitive in statistical analyses than in larger samples (Cohen, 1992; Sink & Mvududu, 2010). For example, in the Delphi poll, if one or two folks had opinions significantly different than the rest of the group, the standard deviation for that competency might rise beyond the threshold level, causing a competency to be left off the final list. Similarly, in the content validity study, since the calculation of CVR is directly related to the number of participants on the panel, a lower the number of participants requires a higher critical CVR value to reach statistical significance (Lawshe, 1975; Wilson, 2009). Therefore, some items were not retained for the final list because their CVRs were not high enough to reach critical value. If the expert panel were larger, it is quite possible that more items may have been retained for the final consensus list of competencies – statistical significance is easier to achieve with higher numbers of participants (Borders, 2006; Cohen, 1992; Creswell, 2009).

Borders (2006) noted the difficulty in collecting adequate sample sizes to conduct research in supervision. Based on the number of experts participating in the study, the list of competencies produced in this study should not be viewed as exhaustive. Rather, the list may be more accurately seen as an initial effort toward the development of a thorough list of benchmark supervision competencies for doctoral graduates.

Some of the expert comments offered in Rounds Two and Three of the Delphi poll suggest possible misunderstanding of the task. For example, several experts indicated that some of the competencies cited were not the purview of doctoral students, but rather were functions of faculty members. The question posed to experts was regarding their opinion around competencies for doctoral graduates, but the confusion indicated by the comments may also have affected the way certain items were rated. Again, if experts were tracked between rounds, the researcher may have been able to offer clarification and see if the experts having questions would change their ratings given the accurate information.

The data analysis and data reduction processes that took place prior to Round Two (the first rating task) in the Delphi poll may have also generated some limitations. For example, there were demographic differences between the three research teams that may have affected the way they went about the condensing/collapsing tasks. One member of Research Team #2 had been in the field for over 20 years before returning for her doctoral work, while the other team members were within 9 years of having completed their master's degrees. However, the other member of Research Team #2 was actually the person with the least amount of post-master's experience, so they could have balanced each other. Also, each of the three teams had one member with significantly

more post-master's experience than others on that team. This difference is noteworthy because of the reasonable expectation that amount of time spent in the field may affect the manner with which clinicians experience and conceptualize the process of supervision (Baird, 2008; Bernard & Goodyear, 2009; Borders & Brown, 2005). The use of several different research teams was chosen in an effort to both reduce the impact of any research team member bias in the process and also to triangulate the data reduction process (Creswell, 2009; Miles & Huberman, 1994). However, the use of different teams necessarily prevented the development of one group of researchers agreeing that the list presented to the experts in Round Two was a truly accurate reflection of the combination of the original lists generated by the literature and by the experts in Round One. Also, the researcher, Methodologist and Chair agreed that the list to be sent in Round Two should have a manageable number of items in order to maximize the probability of more experts completing the survey. Therefore, efforts were made to reduce the number of items developed from the data by Research Team #3 from the *a priori* and Round One codebooks. This process resulted in some items that were written as combinations of two or three closely-related concepts. For example, Item #30 in Round Two said, "Facilitates exploration of supervisees' cultural and professional identity development". One comment indicated that 'cultural' and 'professional' identities were two different things, and that they didn't really 'go' together. Experts commented on other similar items, and it is possible that more items may have been retained for the final list if they had been written to more effectively represent single concepts. Additionally, the process of combining, collapsing, and re-writing items could have resulted in some items losing

some of the connotations originally associated with them, which could have affected the way items were evaluated by experts (Keeney et al., 2001; Powell, 2003).

Implications

Despite the limitations associated with this project, the results suggest a number of implications for the field of supervision as well as future research possibilities. Given both the importance of supervision for the development of effective and ethical counseling practitioners (Emilsson & Johnson, 2007; Tyson et al., 2008) and the apparent increase in the number of incidents of trainees in the helping professions reporting harmful and/or inadequate supervision (Burkard, Knox, Hess, & Schultz, 2009; Creaner, 2009; Ellis, D'Luso, & Ladany, 2008; Gray, Ladany, & Walker, 2001; Magnuson, Wilcoxon, & Norem, 2000), the need for quality assurance in the training of new doctoral supervisors appears to be warranted. The list of competencies developed in this study may contribute to such quality assurance by serving as a foundation for the development of training and evaluation standards in counselor education doctoral programs. For example, the list could be the basis for a list of skills that supervisors in training use as a guideline for measuring progress over the course of one semester. Both faculty members and doctoral student peers could provide specific feedback to supervisors in training by using such a list. In this regard, it could also be used to assist with gatekeeping in doctoral programs.

Beyond its utility in creating benchmarks by which supervisors in training are monitored throughout their training, the list developed here could serve as the foundation for an assessment instrument measuring the degree to which supervisors in training are aptly performing the competencies. This kind of list could be used in the training of

counseling supervisors in general and not limited just to doctoral students in counseling. Master's level field supervisors may also benefit from a list of supervision competencies to guide their work. An instrument assisting in the measurement and evaluation of such skills would require more work with item development, factor analysis of items, and validation of the instrument.

This competency list may also serve as a foundation for the development of future CACREP standards by which doctoral counselor education programs may demonstrate effective supervision instruction. For example, in addition to ensuring inclusion of the items produced here in revised lists of supervision standards, CACREP could also require that doctoral programs measure doctoral students performance of certain supervision competencies at a predetermined level in order for a program to prove that they are providing effective instruction and supervision of supervision. In this regard, a program evaluation instrument based on these competencies could be developed for such a purpose. An instrument like this could be also used to assess the effectiveness of various faculty members within a program in terms of their teaching and/or supervision of supervision abilities. The list may also serve as a foundation for a possible list of specific skill requirements by organizations providing credentialing for supervisors.

Several studies have examined the experiences of doctoral students receiving supervision from faculty while concurrently providing supervision to master's students and have reported some confusion on the part of doctoral students as they are learning to become effective supervisors (Frick, 2009; Haley, 2002; Hays & Neuer, 2010; Lyon, Heppler, Leavitt, & Fischer, 2008; Majcher & Daniluk, 2009; Rings et al., 2009). It is possible that the current list of supervision competencies for counseling doctoral

graduates may provide some clarification for doctoral student supervisors in training and may assist them in developing some of their own goals for their work in doctoral supervision. Given the wide variety of standards regarding supervision training among programs (e.g., programs require doctoral students to perform varying amounts of supervision- from one semester to every semester they are enrolled in the program; faculty supervisors may apportion varying levels of time and appear to have different levels of interest or priorities for supervision of supervision), a list of competencies that doctoral students have to be able to perform by the time they graduate may reduce the variability within and between programs regarding measurement of the progress of supervisors in training. Doctoral students may feel better prepared for ask for what they need in supervision based on their own self-assessment of their performance against the established list of competencies.

In addition to applications for doctoral training programs and doctoral student supervisors in training, the list of competencies developed in this study may serve as benchmarks for future training and evaluation standards in clinical supervision training programs supported by state counseling boards. An informal review of state counseling board websites via the American Association of State Counseling Boards (www.aacsb.org) showed that, while every state now offers and regulates counselor licensure and requires evidence of clinical supervision as a part of that process, not all states agree on who is eligible to provide the supervision. Further, some states require credentialing for those who provide supervision for licensure while others do not. The states that do require supervision credentialing each have different criteria for awarding

the credential. The current list may serve as a foundation to create a more consistent, measurable means of establishing credentialing standards for clinical supervisors.

Several factors suggest the possible benefit of this study for future research within the field of counselor education and supervision. Most notably, current studies indicate the importance of the quality of counselor supervision and numerous works correlate adequate and effective supervision with positive counseling outcomes, healthy counselor development, and increased counselor engagement in ethical practice (Creaner, 2009; Emilsson & Johnsson, 2007; Getz, 1999; Hays & Neuer, 2010; Magnuson et al., 2000; Tyson et al., 2008). The list of supervision competencies developed herein could be presented as the foundation for a more comprehensive and possibly exhaustive list of supervision competencies for doctoral graduates. The list may also be used to develop general clinical supervision competencies for anyone providing supervision. Future research could also help generate categories of competencies, which may offer more clarity to the understanding of individual items. Other research may develop an assessment tool to measure the demonstration of these supervision competencies. Additional studies may develop methods for ensuring the effective teaching, supervision, and evaluation of these competencies for students of supervision.

Summary

In this chapter, the results of the current research were reviewed and discussed in light of current literature, limitations of the study were explored, and implications for training and evaluation of counseling supervisors was discussed. While the final list of supervision competencies for doctoral graduates generated by this study does have limitations, the results suggest the validity of the individual items. It appears to be

potentially useful information that could inform efforts (e.g., instrumentation; teaching strategies) to enhance the training and evaluation of doctoral student supervisors in training, along with assisting in creating a credible basis for the credentialing of field-based supervisors who work with pre-licensed and licensed clinicians.

CHAPTER SIX

MANUSCRIPT

This chapter includes the manuscript that will be sent to *Counselor Education & Supervision (CES)* for publication review in the “Supervision” category. CES requires that manuscripts be between 20 – 25 pages, including a 50 – 100 word abstract and all references and tables. APA style is required for this journal. The “blind” manuscript for submission begins on the next page.

A Delphi Study and initial validation of Counselor Supervision Competencies

Abstract

Counselor educators and supervisors are familiar with the use of competencies for training future clinicians, but the extant literature lacks such a set of competencies for use in training future counselor supervisors. The purpose of this study was to develop and validate a list of consensus supervision competencies experts agree should be demonstrated by new doctoral counseling graduates for their work with master's students, pre-licensed or licensed counselors, and doctoral students. Two expert panels, an amended Delphi poll and a Content Validity assessment were utilized to develop the resulting list of 33 consensus supervision competencies.

A Delphi Study and initial validation of Counselor Supervision Competencies

Doctoral programs in counselor education are the training ground for the education of clinicians, future counselor educators and supervisors, and the development of new research in our field. Most doctoral students who complete their programs and remain in the profession will be charged with providing clinical supervision, either in the field to pre-licensed or licensed counselors, in master's programs to counselors in training, or in doctoral programs to supervisors in training. Given both the importance of supervision for the development of effective and ethical counseling practitioners (Emilsson & Johnson, 2007; Tyson, Culbreth, & Harrington, 2008) and the apparent increase in the number of incidents of trainees in the helping professions reporting harmful and/or inadequate supervision (Creaner, 2009; Ellis, D'Luso, & Ladany, 2008; Gray, Ladany, & Walker, 2001;), the need for quality assurance in the training of new doctoral supervisors appears to be warranted. Yet the counseling profession seems to lack a clear set of guidelines by which doctoral students' supervision competencies should be measured and evaluated (Bernard & Goodyear, 2009; Green & Dye, 2002; Rings, Genuchi, Hall, Angelo, & Erickson Cornish, 2009). The goal of this study was to develop and validate a consensus list of competencies that doctoral student supervisors in training (SITs) should be expected to demonstrate by the time they complete their programs, graduate, and enter the field of counseling and counselor education as advanced professionals.

Research on Supervision Competencies

Supervision's emergence as a discipline distinct from counseling is still a relatively new phenomenon (Bernard & Goodyear, 2009; Borders, 2006; Corey et al.,

2010). While strategies for supervising counselor trainees have been studied fairly extensively, there is a dearth of literature reviewing the training, development and evaluation of counseling supervisors (Borders, 2006). A five-year review of the supervision literature in counselor education (1999 – 2004) identified 203 articles in 15 professional journals, with only seven pieces focused on the training and competence of supervisors (three conceptual, three quantitative, and one qualitative), and no articles on methods and standards for evaluation of supervisor trainees (Borders, 2006). Researchers in the field of professional psychology have noted the incongruence of acknowledging the importance of effective and ethical supervision but not having agreed-upon guidelines with which to perform and teach this valuable service (Green & Dye, 2002; Rings et al., 2009). With the American Counseling Association's (ACA) edict in their ethical code prohibiting provision of services unless one is well trained and competent (ACA, 2005), the absence of agreement on competencies needed for new counseling supervisors appears to merit concern.

In the field of counseling, some efforts toward supervision standards and competencies have been made- e.g., those developed by the Association for Counselor Education and Supervision (ACES, 1993); the Center for Credentialing and Education (CCE) as part of the Approved Clinical Supervisor (ACS) credential (CCE, 2008); and the American Association of State Counseling Boards (AASCB, 2007), yet none are used as a consensus guideline to measure the progress of supervisors in training.

Rationale

Several factors suggest the possible benefit of this research for the field of counselor education and supervision. Most notably, current studies indicate the

importance of the quality of counselor supervision: numerous works correlate adequate and effective supervision with positive counseling outcomes, healthy counselor development, and increased counselor engagement in ethical practice (Creaner, 2009; Emilsson & Johnsson, 2007; Hays & Neuer, 2010; Tyson et al., 2008).

Although the importance of developing counselor supervision competence appears to be apparent, doctoral students receiving supervision of their supervision have reported confusion in their role (Frick, 2009; Hays & Neuer, 2010; Lyon, Heppler, Leavitt, & Fischer, 2008; Majcher & Daniluk, 2009), and faculty supervisors of doctoral supervision have reported disagreement about training standards (Rings et al., 2009; Scott et al., 2000). This suggests that a competency list may provide better clarity regarding role induction, gatekeeping responsibilities and training goals for doctoral student supervision training (Bernard & Goodyear, 2009; Corey et al., 2010). Improved clarity regarding the competencies needed at this level of training may also assist doctoral graduates in providing more effective supervision for post-master's counselors. Data gathered from this study may also serve as a foundation for future quantitative studies that seek to measure the efficacy of supervision training for doctoral students (Bailey, 2004; Ellis et al., 2008; Emilsson & Johnson, 2007).

Purpose of the Study

The purpose of this study was to develop and validate a list of supervision competencies that doctoral students should develop prior to graduating and serving as professionals in the fields of counseling and/or counselor education and supervision. Specifically, these competencies include the supervisory knowledge, skills, and attitudes

that experts in the field of counseling supervision agree are needed for doctoral level supervisors to practice effectively. The research question guiding this investigation was:

- What supervisory knowledge, attitudes, and skills are needed for new doctoral graduates from counselor education programs to ethically and effectively provide supervision?

Participants

Because of the lack of current research on this topic in the counseling field, a panel of experts in the field of counseling supervision were polled via an amended Delphi poll (Linstone & Turoff, 2002) to develop a consensus list of supervision competencies needed by new doctoral graduates. The Delphi method employs both qualitative and quantitative strategies (Iqbal & Pison-Young, 2009; Linstone & Turoff, 2002). An initial open-ended question is asked of a panel of subject matter experts (SMEs), with follow-up rounds for the experts to evaluate the aggregate list of items in terms of their importance and relevancy to the list being developed (Linstone & Turoff, 2002). Experts for the Delphi poll were recruited via purposive and snowball methods, beginning with a perusal of CACREP accredited doctoral counseling websites for faculty members citing an interest in counselor supervision. Forty-three experts were invited via blind-copy email, and 24 of them participated in Round One, 17 in Round Two, and 18 in Round Three. Upon completion of the Delphi poll, a Content Validity Assessment (Lawshe, 1975) was conducted to lend further generalizability to the list. Participants were recruited by posting a query on CESNET for advanced doctoral students and new faculty members to recommend their most effective supervisor for inclusion on the expert panel. Thirty-six

experts were invited to participate in the Content Validity assessment, and 14 actually participated.

The following criteria were established for eligibility on the expert panel:

- Must hold a Ph.D. or Ed.D. in Counselor Education, Counseling with an emphasis in Education, Counselor Education and Supervision, or Counseling Psychology
- Must have been actively involved in the direct training of counselor education and supervision doctoral student SITs for at least three years
- Must have received some formal training in the practice of counselor supervision.

Specific efforts were made to recruit a diverse panel of experts, including a variety of cultural backgrounds, counseling specialty areas, and theoretical orientations to supervision. While there is no required number of participants for use in Delphi polls, 10- 50 experts are recommended (Iqbal & Pison-Young, 2009; Linstone & Turoff, 2002). Higher numbers of experts are recommended due to anticipated attrition of participants during multiple rounds of data collection (Dressel et al., 2007; Milsom & Dietz, 2009).

Instrumentation

Prior to Round One of the Delphi poll, the first author worked together with a research team to develop an *a priori* Codebook from the professional literature on counselor supervision. Upon completion Round One of the Delphi Poll, open and consensus coding (Corbin & Straus, 2008) with a second research team identified and collapsed responses from the experts to form the Round One Codebook. A third research team then performed axial coding together with all three authors to compare, contrast,

and blend the two codebooks into the Delphi Codebook, which would be sent to the experts in Round Two for rating. Experts rated each item on a Likert scale of 1 – 6, indicating the degree to which they believed counseling doctoral graduates should be able to behaviorally demonstrate the item. They were also invited to comment on items. Means and standard deviations were calculated for each item, and those that met the thresholds established by the authors (Mean of 4.00 and Standard Deviation of 0.85) were retained, as these benchmarks inferred consensus. The rest of the items were sent back to the experts, along with comments, for re-rating in Round Three. In the Delphi methodology, each round of ratings comes with an expectation of closer consensus (Green & Dye, 2002; Linstone & Turoff, 2002), providing the rationale for items not meeting the established thresholds to be re-rated. The same criteria were used to retain or reject items after Round Three.

In Part II of the study, a second set of experts was utilized to establish content validity (Lawshe, 1975; Wilson, 2009). This panel rated each item developed in the Delphi poll as either *Essential*, *Helpful but not necessary*, or *Not Necessary*. Content Validity Ratios (CVRs) were computed for each item and items meeting or exceeding the critical CVR value at the alpha level of 0.05 as indicated by the Lawshe (1975) method were kept, while others were deleted. The critical value for this study was 0.51, based on the number of experts ($n = 14$) serving on the Content Validity panel. CVR is expressed through the following formula:

$$\frac{n_e - N/2}{N/2}$$

n_e = # experts rating the item as “Essential”

N = total # of Subject Matter Experts (SMEs)

Procedure

In Round One of the Delphi poll, experts responding to the invitation to participate were sent a link to the Survey Monkey website. The survey was open for four weeks, and a reminder email was sent after two weeks. After agreeing to the Informed Consent, experts completed demographics questions, and then were asked to respond to the following:

Supervision competencies may be referred to as the knowledge, skills and attitudes needed for the effective provision of counselor supervision. Taking all things into consideration, and in no particular order, please list the supervision competencies that you think new doctoral graduates should have mastered. Competencies may be drawn from all aspects (clinical and administrative) of supervision. Please list as many as you can think of.

Thirty spaces were provided for responses. Participants indicated their interest in continuing with the additional rounds of data collection by entering an email address where they wanted the link for Round Two to be sent.

After responses were blended with the *a priori* Codebook to develop the Delphi Codebook, a blind email was sent to those electing to participate in Round Two. The email included a link to the Survey Monkey website where experts were asked to rate each item on a scale of 1 – 6 (1 = Strongly Disagree; 6 = Strongly Agree) expressing the degree to which they believed that it represented a competency that doctoral counseling graduates should be able to demonstrate. The survey was open for two weeks, with a reminder email being sent after one week. Means and standard deviation were computed to determine which items to retain and which items to send back to the experts in Round

Three. Two items were re-worded for Round Three, based on comments from participants.

A similar email notification was sent to remind experts of the third and final round. They were asked to re-rate items that had not met the criteria for retention in Round Two using the same Likert scale, and were invited to make any additional comments they wished. For each item, they were shown the comments made by other experts (identities were kept anonymous). Round Three was open for two weeks, and a reminder was sent after the first week. Items meeting the criteria for means and standard deviation were put together with items from Round Two that had met the criteria to create the list of items for Part II-Content Validity Assessment. Participants were invited to render their preference regarding being named as a member of the SME panel.

The Content Validity assessment link was sent to the second panel of experts, and was open for two weeks, with a one-week reminder. For each competency that remained following the Delphi poll, participants rated them either *Essential*, *Helpful but not necessary*, or *Not Necessary*. They were then invited to render their preference regarding being named as a member of the SME panel. Content Validity Ratios (CVRs) were computed for each item, and those meeting/exceeding the critical value of 0.51 were retained, while those less than 0.51 were rejected.

Results

The separate investigations prior to the rating tasks in Rounds Two and Three of the Delphi study generated 205 items from the literature and 336 items from the experts, for a total of 541 items. Qualitative data reduction efforts yielded the 60 items sent to experts in Round Two of the Delphi poll, shown in Figure 6-1.

Figure 1

Supervision Competencies Before Rating

1. Encourages development of a culturally diverse caseload for breadth of supervisee skills
2. Utilizes contract for supervision which includes appropriate disclosures and clear expectations
3. Develops and follows a plan of supervision
4. Collaborates with supervisee on goals for supervision
5. Effectively manages a caseload of supervisees
6. Complies with policies and procedures of the supervisee's work setting
7. Discusses and balances administrative and clinical supervision activities
8. Collaborates with others who provide supervision to supervisee
9. Utilizes direct (e.g., tapes, live supervision) and indirect (e.g., case recall, group processing) means to evaluate supervisee progress
10. Selects assessment methods based on supervisee work setting, developmental level and learning style
11. Regularly provides formal and informal formative and summative feedback to supervisee on overall progress (e.g., supervision goals and professional development)
12. Regularly evaluates quality of the supervision process, including feedback from supervisee, peers/outside evaluators, and self-assessment
13. Models being a reflective practitioner; preparing supervisees to self supervise
14. Develops and executes clearly communicated remediation plans as necessary

Figure 1 CONTINUED

15. Teaches appropriate counseling interventions by integrating theory with practice (e.g., teaching supervisee to work through resistance with clients, appropriate use of self-disclosure as a counseling intervention)
16. Teaches supervisee to promote client self efficacy
17. Demonstrates competence in domains being supervised (e.g., case management, reporting, documentation, counseling skills, diagnosis, treatment planning, case conceptualization, specific client populations, and client assessment and evaluation)
18. Seeks consultation on domains being supervised when necessary (e.g., case management, reporting, documentation, counseling skills, diagnosis, treatment planning, case conceptualization, specific client populations, and client assessment and evaluation)
19. Facilitates supervisee's development of their own theoretical orientation and approach to the helping process
20. Addresses power and privilege in supervision and counseling relationships
21. Teaches appropriate crisis intervention and prevention techniques
22. Teaches appropriate consultation skills, including peer consultation
23. Helps supervisee build/maintain positive working alliance with clients, including repairing ruptures in therapeutic relationships
24. Initiates discussion of impact of multicultural influences in supervision and counseling

Figure 1 CONTINUED

25. Encourages supervisee to initiate discussion of the impact of multicultural influences with clients
26. Addresses supervisees' personal feelings and thoughts about counseling process (e.g., interpersonal relationships with clients, multicultural issues)
27. Models ongoing professional development and encourages same in supervisee (e.g., keeping current with counseling and supervision research, participating in professional organizations, attending professional conferences)
28. Understands and properly utilizes technology across all aspects of the counseling and supervision processes as applicable
29. Models and encourages ongoing multicultural growth and development (e.g., keeping current with multicultural counseling literature, seeking consultation on multicultural issues)
30. Facilitates exploration of supervisees' cultural and professional identity development
31. Balances interpersonal process interventions with task mastery interventions
32. Utilizes available methods for facilitating cognitive complexity and critical thinking in supervisee (e.g., Interpersonal Process Recall)
33. Helps supervisees disengage from client successes and failures
34. Discusses stages of supervision and supervision style with supervisee
35. Encourages supervisee to seek out licensure/appropriate credentialing
36. Understands and adheres to applicable laws and ethical codes pertaining to both counseling and supervision and encourages same in supervisee

Figure 1 CONTINUED

37. Addresses vicarious liability in supervision, and safeguards client welfare,
intervening when necessary
38. Requires supervisees to use appropriate informed consent documents with clients
39. Provides procedures for reporting child/vulnerable adult abuse
40. Keeps supervision records secure and confidential
41. Endorses supervisee only when supervisee has achieved the competencies
necessary, given their developmental level
42. Educates supervisee on benefits/limits of professional liability insurance coverage
43. Sets/maintains appropriate boundaries with supervisee, avoiding all sexual or
romantic relationships; clearly expects same from supervisee with clients
44. Is knowledgeable about alternative helping approaches and limitations of
traditional therapies with diverse clients
45. Facilitates understanding of the impact of oppression (e.g., racism, sexism,
heterosexism) on supervisee and clients
46. Teaches supervisee to assess and integrate client's spiritual beliefs into treatment
47. Applies knowledge of stages of counselor development
48. Knows models of supervision and utilizes an identifiable model or justifiable
hybrid of models
49. Has participated in formal supervision training, including supervision of
supervision

Figure 1 CONTINUED

50. Demonstrates and provides rationale for use of a variety of supervision techniques (e.g., modeling, role playing, role reversal, Interpersonal Process Recall, microtraining, live supervision, live observation)
51. Understands unique dynamics associated with individual, triadic, group, peer and team supervision
52. Flexes between teacher, counselor, consultant and mentor roles in supervision as necessary; provides explanation to supervisee when appropriate
53. Terminates supervision appropriately
54. Addresses psychodynamic processes in supervision and counseling (e.g., parallel process, transference, countertransference)
55. Establishes/maintains a strong, positive working alliance/relationship with supervisee, including repair of supervisory working alliance ruptures as necessary
56. Respects and values opinions and worldviews outside of one's own
57. Uses effective communication skills
58. Regulates and manages own emotions
59. Effectively manages multiple priorities
60. Encourages supervisee to act as an advocate when appropriate

Based on the established criteria, the final list of competencies is presented in Table 1.

Table 1

Supervision Competencies for Counseling Doctoral Graduates – Final Results

Item	Competency	M	SD	CVR
1	Collaborates with supervisee to develop a plan for supervision to be implemented with flexibility	4.56	0.78	1.0
2	Collaborates with supervisee on goals for supervision	5.41	0.71	.71
3	Effectively manages a caseload of supervisees	5.00	0.71	.71
4	Collaborates with others who provide supervision to supervisee	5.18	0.64	.71
5	Utilizes direct (e.g., tapes, live supervision) and indirect (e.g., case recall, group processing) means to evaluate supervisee progress	5.71	0.59	.71
6	When assessing supervisee, selects methods based on supervisee work setting, developmental style, and learning style	5.11	0.83	.71
7	Regularly provides formal and informal formative and summative feedback to supervisee on overall progress	5.88	0.33	.86
8	Models being a reflective practitioner, preparing supervisees to self-supervise	5.50	0.62	.71
9	Teaches appropriate counseling interventions by integrating theory with practice (e.g., teaching supervisee to work through resistance with clients, appropriate use of self-disclosure as a counseling intervention)	5.41	0.71	.86

Table 1 CONTINUED

Item	Competency	M	SD	CVR
10	Teaches supervisee to promote client self-efficacy	5.06	0.83	.71
11	Demonstrates knowledge in the domains salient to the supervision provided and/or seeks consultation as needed (e.g., case management, reporting, documentation, counseling skills, diagnosis, treatment planning, case conceptualization, specific client populations, and client assessment and evaluation)	4.39	0.85	.86
12	Facilitates supervisee's development of their own theoretical orientation and approach to the helping process	5.18	0.81	.71
13	Addresses power and privilege in supervision and counseling relationships	5.41	0.62	.71
14	Discusses appropriate crisis intervention and prevention techniques; debriefs with supervisee following crisis events	5.00	0.71	1.0
15	Helps supervisee build/maintain positive working alliance with clients, including repairing ruptures in therapeutic relationships	5.59	0.62	1.0
16	Initiates discussion of the impact of multicultural influences in supervision and counseling	5.53	0.51	1.0

Table 1 CONTINUED

Item	Competency	M	SD	CVR
17	Encourages supervisee to initiate discussion of the impact of multicultural influences with clients	5.22	0.65	.86
18	Addresses supervisees' personal feelings and thoughts about the counseling process (e.g., interpersonal relationships with clients, multicultural issues)	5.41	0.51	1.0
19	Utilizes available methods for facilitating cognitive complexity and critical thinking in supervisee	5.11	0.68	.71
20	Understands and adheres to applicable laws and ethical codes pertaining to both counseling and supervision, and encourages same in supervisee	5.94	0.24	1.0
21	Addresses vicarious liability in supervision, and safeguards client welfare, intervening when necessary	5.41	0.62	1.0
22	Requires supervisees to use appropriate informed consent documents with clients	5.53	0.72	1.0
23	Provides procedures for reporting child/vulnerable adult abuse	5.47	0.62	1.0
24	Keeps supervision records secure and confidential	5.65	0.49	1.0
25	Sets/maintains appropriate boundaries with supervisee, avoiding all sexual or romantic relationships; clearly expects same from supervisee with clients	5.82	0.73	1.0

Table 1 CONTINUED

Item	Competency	M	SD	CVR
26	Demonstrates and provides rationale for use of a variety of supervision techniques (e.g., modeling, role playing, role reversal, Interpersonal Process Recall, microtraining, live supervision, live observation)	5.24	0.75	.57
27	Understands unique dynamics associated with individual, triadic, group, peer, and team supervision	5.29	0.59	.57
28	Terminates supervision appropriately	5.24	0.44	.86
29	Establishes/maintains a strong positive working alliance/relationship with supervisee, including repair of supervisory working alliance ruptures as necessary	5.59	0.61	.86
30	Respects and values opinions and worldviews outside of one's own	5.53	0.62	1.0
31	Uses effective communication skills	5.53	0.80	1.0
32	Regulates and manages own emotions	5.47	0.80	1.0
33	Effectively manages multiple priorities	4.88	0.78	.86

Notes: M = Mean after Delphi Poll (1st SME Panel). Scale: 1 – 6. Criteria: ≥ 4.00
SD = Standard Deviation after Delphi Poll (1st SME Panel). Criteria: ≤ 0.85
CVR = Content Validity Ratio (2nd SME Panel). Criteria: ≥ 0.51

Discussion

The results suggest that the 33 items shown in Table 1 are an accurate, valid representation of supervision competencies that experts in the field of counselor education agree doctoral counseling graduates should be able to demonstrate (Lawshe,

1975; Wilson, 2009). Not surprisingly, the items retained for the final list are congruent with the literature used to develop the *a priori* Codebook at the beginning of the study.

Attention to diversity and multicultural competence in both counseling and supervision has been prevalent in recent years (e.g., Butler-Byrd, 2010; Gloria, Hird, & Tao, 2008). Twenty-one items shown in Table 1 mirror the constructs presented in the multicultural competency work of Ancis & Ladany (2010). This may suggest that the field of counselor education and supervision is moving toward better integration of multicultural competencies throughout programs, further suggesting a positive effect on the overall clinical competencies and self-efficacy of new clinicians (Crockett, 2011; Inman, 2006).

There were many similarities between the list developed in this study and the competency list produced by psychologists Falender et al. (2004). In fact, more than 50% (n=18) of the items on the current list were congruent with that study. The list produced here also parallels Homonoff's call for the development of social work fieldwork instructor competencies, including teaching skills to supervisees, offering reflection and encouragement, teaching therapists to connect theory with practice, develop an integrated model of supervision, apply research to practice, show appropriate support for supervisees, and uphold the mission of fieldwork education (Homonoff, 2008). These similarities may suggest that from a practical standpoint, the fields of counseling, psychology, and social work may be more alike than different with regard to the philosophical aspects of training and supervising future clinicians.

The final list of competencies generated in this study does not appear to align with any one particular supervisory model, perhaps reflecting the variety of theoretical

orientations claimed by participating experts. While having supervision theory or model to follow is frequently recommended in supervision texts and training courses, supervision outcomes have been found to be most influenced by the supervisory working alliance (Creaner, 2009; Crockett, 2011; Frick, 2009;). This reflects what we know about the use of specific models or techniques in counseling outcomes, despite “evidence-based practices” – that these only minimally account for successful clinical outcomes (Coppock, Owen, Zagarskas & Schmidt, 2010). Given what we understand about the impact of relationship on outcomes in both counseling and supervision, it makes sense that the competency of endorsing one supervisory model or a combination of models was not retained for the final list.

The rejected items from this study are noteworthy, as they may be indicators of certain phenomenon in our field. For example, items # 14 and 41 shown in Figure 1 are directly related to gatekeeping, which has received much attention and debate in recent years (Remley, Knight, McBride & Neuer, 2009; Ziomek-Daigle & Christensen, 2010). Items #27, 30, and 35, are directly related to professional identity, and none of the items on the final list relate to counselor professional identity. Comments from experts indicated an acknowledgement of the importance of professional identity, but also the observation that professional identity has little to do with client outcomes. It could certainly be hypothesized that enhanced professional identity likely correlates with better awareness of advances in the field, which might then lead to improved clinical outcomes. However, many of the experts’ comments on these items stated that they were “nice to do” but “not a competency”. Items #44 and 46 relate to multiculturalism, alternative therapies, and spirituality in the counseling process. These items were likely rejected

because the field is still young in its understanding and training of this type of material (Ancis & Ladany, 2010; Cashwell & Young, 2011).

Limitations

There were a number of limitations present in this study that should be kept in mind when considering the results. Selection bias issues were present in the criteria for “expert” eligibility, the sourcing and recruitment of potential participants, and the fact that participants were blind-copy emailed instead of receiving a personalized invitation. Sample size certainly affected the number of items retained for the final list, as smaller samples are more sensitive to individual statistics fluctuations than larger samples (Cohen, 1992; Sink & Mvududu, 2010). Finally, data reduction measures taken at the beginning of the study may have created limitations in that there were different teams each completing parts of one complete process, and composing/re-writing items may have led to changes in the connotations originally associated with them.

Implications

Despite the limitations associated with this project, the results suggest a number of implications for practice as well as future research. The competencies developed in this study may serve as a foundation for the development of supervision training and evaluation standards in counselor education doctoral programs. Both faculty members and doctoral student peers could provide specific feedback to supervisors in training by using such a list. In this regard, it could be used as a measurable way to assist with gatekeeping in doctoral programs. The list might also serve as the foundation for an assessment instrument measuring the degree to which supervisors in training are aptly performing the competencies.

This competency list may also serve as a foundation for the development of future CACREP standards by which programs may demonstrate effective supervision instruction. It may also serve as a foundation for a possible list of specific skill requirements for supervisor credentialing organizations. It is possible that the current list of supervision competencies may provide some clarification for doctoral student supervisors in training and may assist them in developing some of their own goals for their work in doctoral supervision. Given the wide variety of standards regarding supervision training among programs (e.g., programs require doctoral students to perform varying amounts of supervision- from one semester to every semester they are enrolled in the program; faculty supervisors may apportion varying levels of time and appear to have different levels of interest or priorities for supervision of supervision), this list may form benchmarks that could stabilize the variability within and between programs regarding measurement of future supervisor progress. Doctoral students may feel better prepared to ask for what they need in supervision based on their own self-assessment of their performance against the established list of competencies.

The competencies developed in this study may serve as benchmarks for future training and evaluation standards in clinical supervision training programs supported by state counseling boards. An informal review of state counseling board websites via the American Association of State Counseling Boards (www.aacsb.org) showed that while every state now offers and regulates counselor licensure and requires evidence of clinical supervision as a part of that process, not all states agree on who is eligible to provide the supervision. Further, some states require credentialing for those who provide supervision for licensure, while others do not. The states that do require supervision credentialing

each have different criteria for awarding the credential. The current list may serve as a foundation to create a more measurable way of establishing credentialing standards for clinical supervisors.

Regarding future research, current studies indicate the importance of the quality of counselor supervision: numerous works correlate adequate and effective supervision with positive counseling outcomes, healthy counselor development, and increased counselor engagement in ethical practice (Creaner, 2009; Emilsson & Johnsson, 2007; Hays & Neuer, 2010; Tyson et al., 2008). The list of supervision competencies developed herein could be presented as the foundation for a more comprehensive and possibly exhaustive list of supervision competencies for doctoral graduates. It may also be used to develop general clinical supervision competencies for anyone providing supervision. Future research could help generate categories of competencies, which may offer more clarity to the understanding of individual items. Other research may develop an assessment tool to measure the demonstration of these supervision competencies. Additional studies may develop methods for ensuring the effective teaching, supervision, and evaluation of these competencies for students of supervision.

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APPENDIX A

STATISTICAL ANALYSIS OF RECENT DELPHI STUDIES

REFERENCE	# PARTIC Invited/ Started	# PARTIC Completed	# ROUNDS	# ITEMS Raw/Colpsd	# ITEMS @ END	SD RANGE	AVG SD
Dimmitt et al., 2005	32	21	3		42	n/a	n/a
Doerries & Foster, 2005	7/7	7	2, plus a focus group	105/71	15	n/a	n/a
Dressel et al., 2007	34	13	3	141/64	35 33	0 – 1.04 0 – 1.22	.7 .58
Green & Dye, 2002	50/50	46	2	45 items given by researchers	50	.591 – 1.63	
Lombardo, 2008	244/41	31	3		10 17 13 7	.48 – 1.02 .34 – .88 .34 – .89 .5 – .96	
Milsom & Dietz, 2009	65/29	17	3	570/89	62	IQR: 0 – 1.75	
Moorhouse, 2009	Not specific-listserve/21	17	3	188	185	.24 – 1.20	
Norcross et al., 2002	84	62	2		29 38 14 24	.99 – 1.43 .94 – 1.24 .81 – 1.18 .85 – 1.74	1.12 1.0 .94 1.14

Note. # PARTIC = Number of Participants. # ITEMS Raw/Col = Number of Items at beginning of study/Number sent to experts. SD = Standard Deviation

APPENDIX B:
INFORMED CONSENT

Title: Counselor Education Expert Consensus of Supervision Competencies for Doctoral Graduates

Introduction: My name is Anita Neuer, and I am the primary investigator for this study. I am an Approved Clinical Supervisor, an LPC in three states, and am currently pursuing my doctoral degree at Old Dominion University. This project will be supervised by Dr. Tim Grothaus, PhD, NCC, NCSC, ACS, a faculty member in the Department of Counseling and Human Services. This form is intended to provide you with information to help you decide if you would or would not like to participate in this research.

Description of the Study: I am asking for your participation because you have been identified as an expert in the discipline of counselor supervision. The purpose of this study is to develop and validate a consensus list of supervision competencies deemed necessary for new counselor education doctoral graduates to provide counselor supervision. If you agree to participate, you will be to do the following:

- Delphi Group: This work will take place between October 2010 and February 2011.
 - Complete a demographics form
 - Respond to open-ended questions about supervision competencies.
This task could take between 20 – 60 minutes
 - Rate items generated during the open-ended questions process on a Likert scale. This task should take approximately 15 minutes
 - Re-rate items that did not meet consensus criteria. You will be

given information about others' perceptions of these items. This task should take 15 minutes at most.

- Content Validity Group: This work will take place between February 2011 and March 2011.
 - Complete a demographics form
 - Rate items generated by the Delphi poll. This task should take 10 minutes at most
 - Sort items into pre-established categories. This task should take 10 minutes.

Risks and Benefits: If you agree to participate, you risk loss of time, and potential interruptions to your schedule. As with any research, there is some possibility that you may be subject to risks that have not yet been identified. The benefit to participating in this research will be your contribution to a uniform set of supervision competencies that may ultimately be used in the training, assessment and evaluation of doctoral student supervisors in training. Your own commitment and attention to clinical supervision may be positively impacted by participation in this study. There is some possibility that you may be subject to other benefits as a result of participating in this research.

Compensation: Your participation in this study is completely voluntary. There will be no compensation provided.

Confidentiality: Your identity and participation in this research will be kept confidential. You will not be informed of others who are participating. At the completion of the project, you will be given the option of having your name listed as a research participant.

Withdrawal Privilege: You may withdrawal from this research at any time for any reason.

Illness or Injury: Agreeing to participate in this research does not waive any of your legal rights. However, in the event of any harm arising from this study, neither Old Dominion University nor the researchers are able to give you any money, insurance coverage, free medical care, or any other compensation for such injury. In the event that you suffer injury as a result of participating in this study, you may contact Anita Neuer at (205) 807-1850, aneuer@odu.edu or Dr. Tim Grothaus at (757) 683-3007, tgrothau@odu.edu.

Consent: By completing the Informed Consent section of the survey, you are indicating that you would like to participate in the current study, that you understand the contents of this document, and are familiar with the purpose, risks and benefits of this research. You are also indicating that you understand what is being expected of you as a research participant. If you ever have questions about the study, you may contact Anita Neuer at aneuer@odu.edu. If you have questions about your rights or this form, you should contact Dr. George Maihafer, the current chair of the IRB at Old Dominion University, at gmaihafe@odu.edu.

Institutional Review Board Approval: This study has been deemed exempt from IRB review by the Human Subjects Review Committee of the Darden College of Education. Approval #201001001.

APPENDIX C
DEMOGRAPHICS FORM

Academic Training:

Highest Degree and Discipline: _____

Institution: _____

Year Degree Granted: _____

Supervision Training Received:

❖ Total number of formal Supervision courses completed: _____

❖ Total number of Supervision workshops attended: _____

❖ Months in Supervision-of-Supervision: _____

❖ Months in Peer Supervision: _____

Counseling Specialty/Interest Areas (Check all that apply):

- ☐ School Counseling
- ☐ Mental Health Counseling
- ☐ Rehabilitation Counseling
- ☐ College Counseling/Student Affairs
- ☐ Multicultural Counseling
- ☐ Marriage and Family Counseling
- ☐ Other (please specify): _____

Current Age:

- ☐ 28 – 35
- ☐ 36 – 45
- ☐ 46 – 55
- ☐ 56 – 65
- ☐ 66 or older

Gender:

- ☐ Male
- ☐ Female
- ☐ Transgender

Experience:

- ❖ Total amount of time to date spent supervising doctoral student supervisors in training: _____years; _____months

books, book chapters, and/or other articles you have written on the topic of counselor supervision:

- ☐ 0
☐ 1-3
☐ 4-6
☐ 7-9
☐ 10+

Race/Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Latino/Latina | <input type="checkbox"/> Multi-Racial or Ethnic |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other |

Your Preferred Theory/Model for use in Supervision

APPENDIX D
CVR CRITICAL VALUE TABLE
MINIMUM VALUES OF CVR AND CVI – ONE-TAILED TEST, $P = .05$

Reprinted from Lawshe (1975), p. 568

Number of Panelists	Minimum Value
5	.99
6	.99
7	.99
8	.78
9	.75
10	.62
11	.59
12	.56
13	.54
14	.51
15	.49
20	.42
25	.37
30	.33
35	.31
40	.29

APPENDIX E

RESEARCH TEAM MEMBER DATA SHEET

Name: _____ Date: _____

Gender: _____ Age: _____

Ethnicity: _____

Experience:

	Years	Months
Professional Helping – pre Master's		
Professional Counseling – post Master's		
Receiving Clinical Supervision		
Providing Clinical Supervision		
Participating in Qualitative Research		
Time spent in doctoral program	XXXXX XXXXX	(# of semesters completed):

When did you complete the doctoral level Qualitative Research class?

In your opinion, what are the 3 most important competencies you think counseling supervisors should have?

APPENDIX F

LITERATURE USED FOR *A PRIORI* DEVELOPMENT

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APPENDIX G

***A PRIORI* CODEBOOK (BEFORE ROUND ONE)**

1. Provide a culturally diverse caseload for breadth of supervisee skills
2. Appropriately document supervision sessions
3. Utilize a contract for supervision services
4. Check on site placement to ensure appropriateness for developmental level of supervisee
5. Set/abide by a maximum # of supervisees to ensure appropriate attention to each
6. Teach/monitor case management processes
7. Comply with policies and procedures of the agency where the supervisee is providing services
8. Discuss parameters of administrative vs. clinical supervision activities
9. Provide knowledge and instruction for managed care procedures
10. Establish regular set times to meet for supervision
11. Encourage participation in professional organizations
12. Manage time in supervision sessions
13. Review actual work samples when evaluating supervisee (tapes, live observation, live supervision)
14. Continually evaluate and assess supervisee, employing a variety of assessment methods, both direct and indirect
15. Chooses most appropriate assessment method based on setting, supervisee development, etc.
16. Sets measurable and realistic goals for supervision process with supervisee input

17. Provide time for reflection in order to increase self-awareness and knowledge about influence on quality of client care
18. Provide and receive formative and summative feedback on goals and developmental process
19. Conduct own self-assessment of supervision
20. Understand the role of evaluation in supervision
21. Solicit feedback from peers and/or an outside evaluator
22. Teach supervisee to work through resistance with clients
23. Encourage positive alliance between supervisee and client
24. Recommend remedial assistance as needed
25. Teach appropriate counseling interventions
26. Teach supervisee to promote client self-efficacy
27. Help supervisee understand impact of social structures on supervisee and client behavior
28. Knowledge of skills practicing
29. Understand individual differences
30. Apply knowledge and competence in case management, reporting, recording, and client assessment and evaluation
31. Integration of theory and practice
32. Expanding and evaluating knowledge, competency and skill
33. Teach of a variety of theories and techniques, facilitating supervisee's endorsement of their own theoretical orientation
34. Facilitate effective diagnostic evaluation

35. Facilitate effective treatment plans
36. Facilitate appropriate and accurate progress note documentation
37. Address supervisees' personal feelings and thoughts about interpersonal relationships with clients
38. Facilitate appropriate dissemination of referrals for clients
39. Facilitate accurate assessment of client's needs
40. Assist supervisee with thorough case conceptualization
41. Teach supervisee to address power issues with clients
42. Teach appropriate crisis intervention techniques
43. Teach consultation skills
44. Monitor field-based experience
45. Teach about use of self-disclosure as a counseling intervention
46. Encourage peer consultation
47. Encourage supervisee to serve as an outside advocate when necessary
48. Encourage supervisee to discuss counseling goals with clients
49. Facilitate ongoing exploration of attitudes and values in counseling
50. Encourage supervisee to keep current on applicable counseling research for application with their clients
51. Model self-assessment
52. Identify indicators of learning
53. Understand stages of counselor development
54. Identify educational environment or climate for each stage of development
55. Promote best counseling practice

56. Identify and track learning needs of supervisee
57. Structure supervision sessions around learning goals
58. Facilitate exploration of supervisee's identity development
59. Select supervision interventions to foster progress in counselor development
60. Facilitate understanding and usage of basic counseling skills
61. Assess and respond to learning needs of supervisee
62. Address changing needs of supervisee throughout the supervision process
63. Understand sources of anxiety and stress for novice counselors
64. Work through the phases of the supervision process
65. Balance interpersonal process with task mastery
66. Facilitate trainee interpersonal functioning – self exploration, self-critiquing, problem solving
67. Tailor supervision interventions to trainee developmental stage
68. Prep supervisee to self-supervise
69. Be skilled in IPR for own development and supervisee development
70. Demonstrate respect for various learning styles and personal characteristics within supervision
71. Recognize and attend to differences between developmental level and training/ experience level
72. Address changes in supervisory relationship at different levels of supervisee development
73. Help supervisee disengage from successes and failures of clients
74. Encourage consistent professional development

75. Model continuous involvement in professional development activities
76. Encourage supervisee self-awareness and self-expression
77. Discuss stages of supervision with supervisee
78. Has clear understanding of applicable laws and ethical codes
79. Teaches and encourages supervisee to have clear understanding of applicable laws and ethical codes
80. Monitors and safeguards client welfare
81. Monitors supervisee competence
82. Requires supervisee to use appropriate informed consent document with clients, which highlights supervisee credentials and limits of confidentiality associated with supervision
83. Closely monitor supervisee cases
84. Monitor professional activities rendered by supervisee
85. Intervene when clients are at risk
86. Achieve and maintain appropriate standards of care
87. Address and display procedures for crisis
88. Adheres to current ACA Code of Ethics
89. Addresses ethical responsibility to supervisee
90. Monitors ethical responsibility of supervisee to client
91. Shares due process information with supervisee
92. Addresses vicarious liability in supervision
93. Aware of state/case law around the topic of clinical supervision
94. Provides information on the limits of confidentiality to supervisee

95. Provides procedures for reporting child/vulnerable adult abuse
96. Keep supervision records secure and confidential
97. Knowledge of legal/ethical issues pertaining to the practice of supervision
98. Keeps up to date on changes in applicable laws/ethical codes
99. Values ethical principles
100. Have and review an informed consent process/document for use in supervision
101. Endorse supervisee for passing only when supervisor ethically believes supervisee has achieved the competencies necessary for that developmental level
102. Maintain current licensure
103. Serve as gatekeeper for the profession
104. Supervise only for those services for which you are trained and competent
105. Educate supervisee on benefits and limits of professional liability insurance coverage
106. Encourages supervisee to seek out licensure/appropriate credentialing
107. Adheres to ethical standards for multicultural counseling and supervision
108. Attention to cultural issues in supervision
109. Attention to cultural issues in counseling
110. Receive ongoing multicultural training
111. Values opinions and worldviews outside of one's own (Integration Stage – Means of Interpersonal Functioning)
112. Discusses and processes cultural differences between self and supervisee
113. Knowledge of one's own and a diversity of others' cultural background/influence on attitudes, values and beliefs

- 114. Knowledge of alternative helping approaches
- 115. Knowledge of current theoretical/empirical multicultural counseling literature
- 116. Knowledge of limitations of traditional therapies with diverse clients
- 117. Maintains ongoing network of feedback regarding personal/professional cultural competence; includes supervisee in this feedback process
- 118. Encourages supervisee participation in multicultural counseling professional groups
- 119. Facilitates understanding of the impact of oppression and racism
- 120. Assists supervisee in identifying and working with racial/ethnic identity issues in counseling
- 121. Assesses and helps improve supervisee's multicultural counseling competencies
- 122. Addresses racial/ethnic and cultural issues reflected in parallel processes during supervision
- 123. Demonstrates balance between generic characteristics of counseling with the unique values of different cultural groups
- 124. Teach supervisee to assess and integrate client's spiritual beliefs into treatment
- 125. Establish safe space for the discussion of multicultural issues
- 126. Tend to feelings of discomfort experience by supervisee regarding multicultural issues
- 127. Tolerate anger, rage, and fear around the topic of multicultural issues
- 128. Discuss issues of differences and impact of differences in sexual orientation
- 129. Discuss issues of differences and impact of differences in ability/disability
- 130. Initiates discussion of multicultural issues during supervision

131. Encourages supervisee to initiate discussion of multicultural issues during counseling
132. Explores multicultural issues early in the supervision process
133. Able to integrate multicultural competencies into facilitation of counselor development
134. Provide training and exercises in multicultural competence throughout the supervisory process
135. Facilitates nonoppressive interpersonal development
136. Models and encourages consultation on multicultural issues
137. Understands the social/cultural issues influence both supervision and counseling
138. Facilitates supervisee's understanding of culture-specific norms, as well as heterogeneity within groups
139. Aware of potential for cross-cultural conflicts within relationships
140. Awareness and knowledge of diversity in all its forms
141. Knowledge of background, experiences, worldview and history of culturally diverse groups
142. Challenge own biases, values, and worldviews
143. Explore and challenge attitudes and biases toward diverse supervisees
144. Specific knowledge of school counseling issues when applicable
145. Specific knowledge of rehabilitation counseling issues when applicable
146. Specific knowledge of college counseling issues when applicable
147. Specific knowledge of special population groups for counseling when applicable (i.e., survivors of natural disaster, people with addictions, sexual offenders, etc.)

148. Specific knowledge and application of group counseling techniques when conducting group supervision
149. Know models of supervision and identify with one of them or an adaptation of one or more of them
150. Document participation in formal supervision training
151. Monitor supervisee competence and intervene when supervisee impairment is present
152. Balance boundaries of supervision and counseling
153. Give constructive/corrective feedback to help supervisees address areas for development
154. Meet regularly in face-to-face sessions for supervision
155. Communicate with other supervisors who provide supervision to supervisee (site, university, etc)
156. Demonstrate and provide rationale for use a variety of supervision techniques (modeling, role playing, role reversal, IPR, microtraining, behavior shaping, live supervision, live observation)
157. Knowledge of group, individual, triadic, peer, and team supervision
158. Flex between teacher, counselor, consultant and mentor roles in supervision as necessary; provide explanation to supervisee
159. Have an area of professional counseling expertise
160. Have a positive perception of self and others
161. Be willing to take personal and professional risks
162. Actively participate in professional organizations

- 163. Receive supervision of supervision as part of training
- 164. Terminates supervision appropriately
- 165. Redirects supervisees
- 166. Encourages supervisee to share feedback
- 167. Encourages use of support
- 168. Encourages use of challenge
- 169. Encourages modeling to supervisee
- 170. Utilizes theory in supervision
- 171. Encourages use of theory in counseling
- 172. Utilizes skills during supervision
- 173. Encourages supervisee to utilize skills
- 174. Provides discipline as necessary to supervisee
- 175. Utilizes group work in supervision
- 176. Discusses processes and outcomes of supervision with supervisee
- 177. Model professional behavior
- 178. Read and implement ideas from current supervision research
- 179. Explores/discusses parallel process during supervision
- 180. Avoid potentially harmful dual relationships with supervisee; discuss impact of multiple relationships that come up during supervision
- 181. Avoid all sexual or romantic relationships with supervisee
- 182. Establish a strong, positive working alliance/relationship
- 183. Understand the unique dynamics of a supervision relationship
- 184. Invite and accept feedback from supervisee regarding the supervision process

185. Be aware of and responsive to the power differences in the supervision relationship
186. Choose supervision interventions appropriate to the quality of the supervision relationship
187. Discuss supervision style with supervisee
188. Build relationship based on trust
189. Create supportive environment and build a connection
190. Manage conflict in the relationship
191. Mutual respect
192. Understand differences of styles and orientation between supervisor and supervisee
193. Ensure a collaborative environment for supervision
194. Balance interpersonal process and task accomplishment
195. Balance facilitation and evaluation
196. Encourage honest feedback without supervisee becoming defensive
197. Address transference and countertransference in supervision and counseling
198. Identify critical transition points
199. Apply knowledge of issues related to the supervisory relationship and process
200. Set appropriate boundaries and seek consultation when issues are outside domain of supervisory competence
201. Awareness of process variables
202. Awareness of relationships dynamics
203. Balance support and challenge

- 204. Have interventions to work with resistance in supervision
- 205. Establish clear expectations for what will happen in supervision and what supervisee should do to prepare for supervision

APPENDIX H
ROUND ONE CODEBOOK
(OPEN RESPONSES FROM EXPERTS IN DELPHI POLL)

1. Effectively function in counselor, consultant, and teacher roles
2. Differentiate between counseling and supervision
3. Assist supervisee in developing their own unique approach to helping
4. Build and maintain rapport
5. Establish safe environment
6. Establish effective working alliance
7. Balance support and challenge
8. Recognize and repair supervisory alliance ruptures
9. Accurately assess supervisee place in development; choose supervisory interventions accordingly
10. Accurately assess supervisee learning style; choose supervisory approaches accordingly
11. Facilitate cognitive complexity and critical thinking in supervisee
12. Apply theories of learning and pedagogy into the supervision process
13. Demonstrated strength in own clinical skills
14. Teach a variety of skills and interventions to supervisee
15. Teach holistic approach to supervisee, integrating clients' thoughts, feelings and actions
16. Expose supervisee to current best practices research
17. Help supervisee choose interventions consistent with their theoretical approach

18. Model and teach case conceptualization skills
19. Recognize and help supervisee repair ruptures in therapeutic relationship
20. Facilitate consideration of client stories through a variety of theoretical lenses
21. Facilitate supervisee development of own preferred theoretical approach
22. Proactive
23. Intentional
24. Creative
25. Committed to the work
26. Effective communication skills
27. Regulate and manage own emotions
28. Patient
29. Respectful
30. Open
31. Reflective
32. Collaborative
33. Edify supervisee
34. Empowering – build on strengths
35. Understand and consider effects of ecological systems on supervision and counseling processes
36. Understand and discuss process of change
37. Understanding of a variety of approaches to supervision
38. Have own theory and approach to supervision
39. Use interventions consistent with theoretical orientation

40. Keep up-to-date on supervision research
41. Understand unique dynamics present in individual, triadic, and group supervision
42. Experienced with use of Interpersonal Process Recall and Live Supervision
43. Strong teaching skills
44. Familiarity with use of reflecting teams in supervision
45. Adjust approach to supervision based on setting: university, site, pre-licensure, remediation
46. Attention to cultural dynamics and implications in supervision relationship
47. Attention to cultural dynamics and implications in supervisee's counseling relationships
48. Awareness of power and privilege in supervision and counseling relationships
49. Consistent reflection on own multicultural competence
50. Initiation of multicultural issues in supervision sessions
51. Balance and clarify difference between administrative and clinical responsibilities
52. Have a supervision contract with appropriate disclosures
53. Have a plan for supervision
54. Integrate legal/ethical issues into supervision process
55. Teach supervisee to integrate legal/ethical issues into counseling process
56. Know how to protect clients of supervisee
57. Offer clear formative and summative feedback to supervisee to promote clinical and professional growth

58. Be able to comprehensively evaluate all aspects of supervisee development, including counseling skills, professional behaviors and self-awareness
59. Seek feedback from supervisee regarding their experience in the supervision process
60. Develop and execute clearly communicated remediation plans
61. Sense of timing – knowing when and how to confront supervisee
62. Models professionalism
63. Strives for excellence in counseling competency
64. Models Professional identity
65. Models appropriate counseling skills
66. Has positive attitude
67. Models commitment to life-long learning
68. Models advocacy for profession and for clients
69. Models Ethical and multicultural awareness
70. Role-plays situations with clients
71. On-going evaluation of own supervision skills
72. Seek consultation around supervision issues
73. Be open to input from supervisee regarding supervision efficacy
74. Structure supervision sessions
75. Pacing within sessions
76. Goal-setting with supervisee
77. Scheduling formal evaluation
78. Managing multiple priorities

79. Documentation of supervision
80. Knowledge (or can procure such knowledge) of clients and issues served by supervisee
81. Attention to ethics when utilizing technology
82. Attention to confidentiality when utilizing technology
83. Attention to social/multicultural issues when utilizing technology
84. Clearly articulate gatekeeping responsibility to supervisee
85. Consult with other supervisors of supervisee (university, site, administrative, etc.) in gatekeeping efforts
86. Consult with others when questioning endorsement of supervisee
87. Teach diagnosis, treatment-planning, and documentation with appropriate adjustments based on setting of the supervisee (i.e., community mental health, agency, private practice, etc.)
88. Facilitate supervisee exploration of personal issues and effect(s) on counseling process, supervision relationship, professional development
89. Analyze power and authority issues in counseling and supervision
90. Analyze and address parallel process in supervision
91. Analyze resistance in supervision and counseling
92. Analyze transference in supervision and counseling
93. Analyze boundaries in supervision and counseling

APPENDIX I**DELPHI CODEBOOK****(SENT TO EXPERTS FOR RATING IN ROUNDS TWO AND THREE)**

1. Encourages development of a culturally diverse caseload for breadth of supervisee skills
2. Utilizes contract for supervision which includes appropriate disclosures and clear expectations
3. Develops and follows a plan of supervision
4. Collaborates with supervisee on goals for supervision
5. Effectively manages a caseload of supervisees
6. Complies with policies and procedures of the supervisee's work setting
7. Discusses and balances administrative and clinical supervision activities
8. Collaborates with others who provide supervision to supervisee
9. Utilizes direct (e.g., tapes, live supervision) and indirect (e.g., case recall, group processing) means to evaluate supervisee progress
10. Selects assessment methods based on supervisee work setting, developmental level and learning style
11. Regularly provides formal and informal formative and summative feedback to supervisee on overall progress (e.g., supervision goals and professional development)
12. Regularly evaluates quality of the supervision process, including feedback from supervisee, peers/outside evaluators, and self-assessment
13. Models being a reflective practitioner; preparing supervisees to self supervise

14. Develops and executes clearly communicated remediation plans as necessary
15. Teaches appropriate counseling interventions by integrating theory with practice
(e.g., teaching supervisee to work through resistance with clients, appropriate use of self-disclosure as a counseling intervention)
16. Teaches supervisee to promote client self efficacy
17. Demonstrates competence in domains being supervised (e.g., case management, reporting, documentation, counseling skills, diagnosis, treatment planning, case conceptualization, specific client populations, and client assessment and evaluation)
18. Seeks consultation on domains being supervised when necessary (e.g., case management, reporting, documentation, counseling skills, diagnosis, treatment planning, case conceptualization, specific client populations, and client assessment and evaluation)
19. Facilitates supervisee's development of their own theoretical orientation and approach to the helping process
20. Addresses power and privilege in supervision and counseling relationships
21. Teaches appropriate crisis intervention and prevention techniques
22. Teaches appropriate consultation skills, including peer consultation
23. Helps supervisee build/maintain positive working alliance with clients, including repairing ruptures in therapeutic relationships
24. Initiates discussion of impact of multicultural influences in supervision and counseling

25. Encourages supervisee to initiate discussion of the impact of multicultural influences with clients
26. Addresses supervisees' personal feelings and thoughts about counseling process (e.g., interpersonal relationships with clients, multicultural issues)
27. Models ongoing professional development and encourages same in supervisee (e.g., keeping current with counseling and supervision research, participating in professional organizations, attending professional conferences)
28. Understands and properly utilizes technology across all aspects of the counseling and supervision processes as applicable
29. Models and encourages ongoing multicultural growth and development (e.g., keeping current with multicultural counseling literature, seeking consultation on multicultural issues)
30. Facilitates exploration of supervisees' cultural and professional identity development
31. Balances interpersonal process interventions with task mastery interventions
32. Utilizes available methods for facilitating cognitive complexity and critical thinking in supervisee (e.g., Interpersonal Process Recall)
33. Helps supervisees disengage from client successes and failures
34. Discusses stages of supervision and supervision style with supervisee
35. Encourages supervisee to seek out licensure/appropriate credentialing
36. Understands and adheres to applicable laws and ethical codes pertaining to both counseling and supervision and encourages same in supervisee

37. Addresses vicarious liability in supervision, and safeguards client welfare,
intervening when necessary
38. Requires supervisees to use appropriate informed consent documents with clients
39. Provides procedures for reporting child/vulnerable adult abuse
40. Keeps supervision records secure and confidential
41. Endorses supervisee only when supervisee has achieved the competencies
necessary, given their developmental level
42. Educates supervisee on benefits/limits of professional liability insurance coverage
43. Sets/maintains appropriate boundaries with supervisee, avoiding all sexual or
romantic relationships; clearly expects same from supervisee with clients
44. Is knowledgeable about alternative helping approaches and limitations of
traditional therapies with diverse clients
45. Facilitates understanding of the impact of oppression (e.g., racism, sexism,
heterosexism) on supervisee and clients
46. Teaches supervisee to assess and integrate client's spiritual beliefs into treatment
47. Applies knowledge of stages of counselor development
48. Knows models of supervision and utilizes an identifiable model or justifiable
hybrid of models
49. Has participated in formal supervision training, including supervision of
supervision
50. Demonstrates and provides rationale for use of a variety of supervision techniques
(e.g., modeling, role playing, role reversal, Interpersonal Process Recall,
microtraining, live supervision, live observation)

51. Understands unique dynamics associated with individual, triadic, group, peer and team supervision
52. Flexes between teacher, counselor, consultant, and mentor roles in supervision as necessary; provides explanation to supervisee when appropriate
53. Terminates supervision appropriately
54. Addresses psychodynamic processes in supervision and counseling (e.g., parallel process, transference, countertransference)
55. Establishes/maintains a strong, positive working alliance/relationship with supervisee, including repair of supervisory working alliance ruptures as necessary
56. Respects and values opinions and worldviews outside of one's own
57. Uses effective communication skills
58. Regulates and manages own emotions
59. Effectively manages multiple priorities
60. Encourages supervisee to act as an advocate when appropriate

APPENDIX J

CONTENT VALIDITY CODEBOOK

(AFTER COMPLETION OF PART I – DELPHI POLL; INCLUDES CVRS)

1. Utilizes contract for supervision which included appropriate disclosures and clear expectations (CVR = 0.43)
2. Collaborates with supervisee to develop a plan for supervision to be implemented with flexibility (CVR = 1.0)
3. Collaborates with supervisee on goals for supervision (CVR = 0.71)
4. Effectively manages a caseload of supervisees (CVR = 0.71)
5. Discusses and balances administrative and clinical supervision activities (CVR = 0.43)
6. Collaborates with others who provide supervision to supervisee (CVR = 0.71)
7. Utilizes direct (e.g., tapes, live supervision) and indirect (e.g., case recall, group processing) means to evaluate supervisee progress (CVR = 0.71)
8. When assessing supervisee, selects methods based on supervisee work setting, developmental style, and learning style (CVR = 0.71)
9. Regularly provides formal and informal formative and summative feedback to supervisee on overall progress (e.g., supervision goals and professional development) (CVR = 0.86)
10. Regularly evaluates quality of the supervision process, including feedback from supervisee, peers/outside evaluators, and self-assessment (CVR = 0.43)
11. Models being a reflective practitioner, preparing supervisees to self-supervise (CVR = 0.71)

12. Teaches appropriate counseling interventions by integrating theory with practice (e.g., teaching supervisee to work through resistance with clients, appropriate use of self-disclosure as a counseling intervention) (CVR = 0.86)
13. Teaches supervisee to promote client self-efficacy (CVR = 0.71)
14. Demonstrates knowledge in the domains salient to the supervision provided and/or seeks consultation as needed (e.g., case management, reporting, documentation, counseling skills, diagnosis, treatment planning, case conceptualization, specific client populations, and client assessment and evaluation) (CVR = 0.86)
15. Facilitates supervisee's development of their own theoretical orientation and approach to the helping process (CVR = 0.71)
16. Addresses power and privilege in supervision and counseling relationships (CVR = 0.71)
17. Discusses appropriate crisis intervention and prevention techniques; debriefs with supervisee following crisis events (CVR = 1.0)
18. Helps supervisee build/maintain positive working alliance with clients, including repairing ruptures in therapeutic relationships (CVR = 1.0)
19. Initiates discussion of the impact of multicultural influences in supervision and counseling (CVR = 1.0)
20. Encourages supervisee to initiate discussion of the impact of multicultural influences with clients (CVR = 0.86)

21. Addresses supervisees' personal feelings and thoughts about the counseling process (e.g., interpersonal relationships with clients, multicultural issues) (CVR = 1.0)
22. Models ongoing professional development and encourages same in supervisee (e.g., keeping current with counseling and supervision research, participating in professional organizations, attending professional conferences) (CVR = 0.29)
23. Understands and properly utilizes technology across all aspects of the counseling and supervision processes as applicable (CVR = -0.29)
24. Models and encourages ongoing multicultural growth and development (e.g., keeping current with multicultural counseling literature, seeking consultation on multicultural issues) (CVR = 0.14)
25. Facilitates exploration of supervisee's cultural and professional identity (CVR = 0.43)
26. Balances interpersonal process interventions with task mastery interventions (CVR = 0.29)
27. Utilizes available methods for facilitating cognitive complexity and critical thinking in supervisee (CVR = 0.71)
28. Helps supervisee disengage from client successes and failures (CVR = 0.43)
29. Discusses stages of supervision and supervision style with supervisee (CVR = 0)
30. Understands and adheres to applicable laws and ethical codes pertaining to both counseling and supervision, and encourages same in supervisee (CVR = 1.0)
31. Addresses vicarious liability in supervision, and safeguards client welfare, intervening when necessary (CVR = 1.0)

32. Requires supervisees to use appropriate informed consent documents with clients
(CVR = 1.0)
33. Provides procedures for reporting child/vulnerable adult abuse (CVR = 1.0)
34. Keeps supervision records secure and confidential (CVR = 1.0)
35. Educates supervisee on benefits/limits of professional liability insurance coverage
(CVR = 0)
36. Sets/maintains appropriate boundaries with supervisee, avoiding all sexual or romantic relationships; clearly expects same from supervisee with clients (CVR = 1.0)
37. Facilitates understanding of the impact of oppression (e.g., racism, sexism, heterosexism) on supervisee and clients (CVR = 0.43)
38. Applies knowledge of stages of counselor development (CVR = 0.29)
39. Knows models of supervision and utilizes an identifiable model or justifiable hybrid of models (CVR = 0.29)
40. Demonstrates and provides rationale for use of a variety of supervision techniques (e.g., modeling, role playing, role reversal, Interpersonal Process Recall, microtraining, live supervision, live observation) (CVR = 0.57)
41. Understands unique dynamics associated with individual, triadic, group, peer, and team supervision (CVR = 0.57)
42. Terminates supervision appropriately (CVR = 0.86)
43. Recognizes and addresses psychodynamic processes in supervision and counseling (e.g., parallel process, transference, countertransference) (CVR = 0.29)

44. Establishes/maintains a strong positive working alliance/relationship with supervisee, including repair of supervisory working alliance ruptures as necessary (CVR = 0.86)
45. Respects and values opinions and worldviews outside of one's own (CVR = 1.0)
46. Uses effective communication skills (CVR = 1.0)
47. Regulates and manages own emotions (CVR = 1.0)
48. Effectively manages multiple priorities (CVR = 0.86)

APPENDIX K

FINAL RESULTS: SUPERVISION COMPETENCIES

(INCLUDES RESULTS FROM PART I AND PART II)

CVI for List= 0.86 (critical value = 0.51)

Item	Competency	M	SD	CVR
1	Collaborates with supervisee to develop a plan for supervision to be implemented with flexibility	4.56	0.78	1.0
2	Collaborates with supervisee on goals for supervision	5.41	0.71	.71
3	Effectively manages a caseload of supervisees	5.00	0.71	.71
4	Collaborates with others who provide supervision to supervisee	5.18	0.64	.71
5	Utilizes direct (e.g., tapes, live supervision) and indirect (e.g., case recall, group processing) means to evaluate supervisee progress	5.71	0.59	.71
6	When assessing supervisee, selects methods based on supervisee work setting, developmental style, and learning style	5.11	0.83	.71
7	Regularly provides formal and informal formative and summative feedback to supervisee on overall progress (e.g., supervision goals and professional development)	5.88	0.33	.86
8	Models being a reflective practitioner, preparing supervisees to self-supervise	5.50	0.62	.71
9	Teaches appropriate counseling interventions by	5.41	0.71	.86

	integrating theory with practice (e.g., teaching supervisee to work through resistance with clients, appropriate use of self-disclosure as a counseling intervention)			
10	Teaches supervisee to promote client self-efficacy	5.06	0.83	.71
11	Demonstrates knowledge in the domains salient to the supervision provided and/or seeks consultation as needed (e.g., case management, reporting, documentation, counseling skills, diagnosis, treatment planning, case conceptualization, specific client populations, and client assessment and evaluation)	4.39	0.85	.86
12	Facilitates supervisee's development of their own theoretical orientation and approach to the helping process	5.18	0.81	.71
13	Addresses power and privilege in supervision and counseling relationships	5.41	0.62	.71
14	Discusses appropriate crisis intervention and prevention techniques; debriefs with supervisee following crisis events	5.00	0.71	1.0
15	Helps supervisee build/maintain positive working alliance with clients, including repairing ruptures in therapeutic relationships	5.59	0.62	1.0
16	Initiates discussion of the impact of multicultural influences in supervision and counseling	5.53	0.51	1.0

17	Encourages supervisee to initiate discussion of the impact of multicultural influences with clients	5.22	0.65	.86
18	Addresses supervisees' personal feelings and thoughts about the counseling process (e.g., interpersonal relationships with clients, multicultural issues)	5.41	0.51	1.0
19	Utilizes available methods for facilitating cognitive complexity and critical thinking in supervisee	5.11	0.68	.71
20	Understands and adheres to applicable laws and ethical codes pertaining to both counseling and supervision, and encourages same in supervisee	5.94	0.24	1.0
21	Addresses vicarious liability in supervision, and safeguards client welfare, intervening when necessary	5.41	0.62	1.0
22	Requires supervisees to use appropriate informed consent documents with clients	5.53	0.72	1.0
23	Provides procedures for reporting child/vulnerable adult abuse	5.47	0.62	1.0
24	Keeps supervision records secure and confidential	5.65	0.49	1.0
25	Sets/maintains appropriate boundaries with supervisee, avoiding all sexual or romantic relationships; clearly expects same from supervisee with clients	5.82	0.73	1.0
26	Demonstrates and provides rationale for use of a variety of supervision techniques (e.g., modeling, role playing, role reversal, Interpersonal Process Recall, microtraining,	5.24	0.75	.57

	live supervision, live observation)			
27	Understands unique dynamics associated with individual, triadic, group, peer, and team supervision	5.29	0.59	.57
28	Terminates supervision appropriately	5.24	0.44	.86
	Establishes/maintains a strong positive working			
29	alliance/relationship with supervisee, including repair of supervisory working alliance ruptures as necessary	5.59	0.61	.86
30	Respects and values opinions and worldviews outside of one's own	5.53	0.62	1.0
31	Uses effective communication skills	5.53	0.80	1.0
32	Regulates and manages own emotions	5.47	0.80	1.0
33	Effectively manages multiple priorities	4.88	0.78	.86

Note. M = Mean after Delphi Poll (1st Panel). Scale: 1 – 6. Criteria: ≥ 4.00 . SD = Standard Deviation after Delphi Poll (1st Panel). Criteria: ≤ 0.85 . CVR = Content Validity Ratio after Content Validity Assessment (2nd Panel). Criteria: ≥ 0.51

APPENDIX L
SUBJECT MATTER EXPERTS

Delphi Poll – 23 experts, including:	Content Validity – 14 experts, including:
John Wadsworth	Paul F. Pickett
Marvarene Oliver	Bill Kline
Nicole R. Hill	Elisabeth Suarez
Sharon E. Cheston	LoriAnn Stretch
Harry Daniels	Chuck Holt
L. DiAnne Borders	Chantel Jones
William J. Casile	Cirleen DeBlaere
Kaye W. Nelson	Joan Burgess Wells
A. Keith Mobley	
Harriet L. Glosoff	
Christine Sacco-Bene	
J. Scott Young	

APPENDIX M

DELPHI POLL – ROUND TWO

Item	Mean	SD	Comments
1. Encourages development of a culturally diverse caseload for breadth of supervision skills	4.41	1.23	<ul style="list-style-type: none"> • While this is aspirational, there are some internship sites where the caseload may be focused on particular problems or populations. I suppose the key word is “encourage” • The wording of this confuses me, as although I think a PhD graduate should be culturally competent and demonstrate a breadth of skills, I am not sure s/he should “encourage” a supervisee of his/her own to build a caseload for the sole purpose of demonstrating their skills. • I don’t see this as a competency. • I am answering this from the perspective that the PhD graduate will encourage their supervisees to have a diverse caseload in their practicum, internship, or licensure load, such that they get a broad experience.

2. Utilizes contract for
supervision which includes
appropriate disclosures and
clear expectations

5.76 0.44

-
- I did not select “SA” because I think supervision plans are like treatment plans and may need to be flexible or re-negotiated to best meet the development of the supervisee

- I believe that a plan and intentionality is helpful/important, but also believe flexibility is superior to rigidity

3. Develops and follows a
plan of supervision

5.00 0.87

- Because it is not clear when the plan would be developed, I have elected to not respond. Oops! The system forced me to respond, but the stem is not at all clear

- I did not answer Strongly Agree, because to me, that implies rigidity. A plan is great and necessary—so is flexibility.

- I think plans are important. However, I also see plans as often taking

precedence in beginning supervisors who lack the confidence and competence to do all that needs to be done, so doing the “appearance” of it takes the place of competently doing itself

4. Collaborates with supervisee on goals for supervision	5.41	0.71	<ul style="list-style-type: none"> • This will encourage trust within the supervision relationship • Again, supervises goals are very important. But sometimes the supervisor must mandate certain goals
5. Effectively manages a caseload of supervisees	5.00	0.71	<ul style="list-style-type: none"> • May not have an opportunity to have a significant enough number to demonstrate this skill • The individual supervisees need seems to be a more critical skill for PhD candidates to demonstrate; managing an entire caseload seems more related to workplace skills than as a competency that applies theory, research, and knowledge • Very broad. Really competency? • Not sure what this means? Does it

mean that the supervisor/PhD graduate should have a “caseload” of supervisees (more than one)? Or that they can handle all the duties necessary to supervise more than one person?

6. Complies with policies and procedures of the supervisees’ work setting

4.65 1.17

-
- Again, I did not select SA because I believe there are sometimes professional, ethical, social justice, or even legal reasons why supervisees need to be able to think through situations before compliance.
 - There is a difference between not suggesting that the supervisee do something out of compliance and this. Doc supervisor may not have direct access to supervisee’s work setting.
 - I don’t see this as a competency
 - As stated, the stem suggests that the policies and procedures are consistent with best ethical practices and legal guidelines, in which case, I would strongly agree. However, because

such a clause is missing, I can only somewhat agree.

- Except in the case (supported by ethical codes) where work setting policy is detrimental to client and/or supervisee. Then differing action and advocacy is called for.
- My job is not to comply with supervisee work setting policy. It is my job to direct/insure/encourage that the supervisee follows those policies and procedures unless they are unethical/illegal
- Unless said policies/procedures compromise ethics of supervisee or are harmful to clients

7. Discusses and balances administrative and clinical supervision activities	5.00	0.79	<ul style="list-style-type: none"> • Clinical supervision should be the focus, not administrative supervision • I'm including supervisory notes, staying in touch with faculty of supervisees, as administrative
8. Collaborates with others who provide supervision to	5.18	0.64	<ul style="list-style-type: none"> • Some programs prefer that this is done through faculty, not doc students

supervisee

<p>9. Utilizes direct (e.g., tapes, live supervision) and direct (e.g., case recall, group processing) means to evaluate supervisee progress</p>	5.71	0.59	<ul style="list-style-type: none"> • Direct is absolutely necessary! • Depends on setting of supervision. In university, yes, absolutely. Outside of that setting, depends.
<p>10. Selects assessment methods based on supervisee work setting, developmental level, and learning style</p>	5.00	0.94	<ul style="list-style-type: none"> • Do you mean assessment of supervisee, or assessment of supervisee's clients? • Moreso with developmental level and learning style than work setting. • Doctoral students are not usually in position to select assessment methods. If you are talking about informal assessments, then yes.
<p>11. Regularly provides formal and informal formative and summative feedback to supervisee on overall progress (e.g., supervision goals and professional development)</p>	5.88	0.33	<ul style="list-style-type: none"> • Based on collaboratively established goals and targets

12. Regularly evaluates quality of the supervision process, including feedback from supervisee, peers/outside evaluators, and self assessment	5.06	1.34	
13. Models being a reflective practitioner, preparing supervisees to self supervise	5.18	1.29	<ul style="list-style-type: none"> • Creates a developmental process to counselor development • And develop peer group supervision skills • This happens in the best of supervision. Not sure it happens as often as it could.
14. Develops and executes clearly communicated remediation plans as necessary	5.53	0.94	<ul style="list-style-type: none"> • Again, usually the purview of faculty, not doc students
15. Teaches appropriate counseling interventions by integrating theory with practice (e.g., teaching supervisee to work through resistance with clients,	5.41	0.71	<ul style="list-style-type: none"> • “Teaches” may be too limiting of a word here. This can be done in a variety of ways.

appropriate use of self

disclosure as a counseling

intervention)

16. Teaches supervisee to
promote client self efficacy

5.06 0.83

17. Demonstrates
competence in domains
being supervised (e.g., case
management, reporting,
documentation, counseling
skills, diagnosis, treatment
planning, case
conceptualization, specific
client populations, and
client assessment and
evaluation)

4.94 1.09

- Competence may include knowing when to consult
- I do not think a supervisor is all things to all people. PhD should have self knowledge of strengths and weaknesses and consult as appropriate
- Extremely broad. Is this a SUPERVISION competency?

18. Seeks consultation on
domains being supervised
when necessary (e.g., case
management, reporting,
documentation, counseling
skills, diagnosis, treatment
planning, case

5.47 0.62

-
- I don't see this as a competency – more like best practice

conceptualization, specific
client populations, and
client assessment and
evaluation)

19. Facilitates supervisee's development of their own theoretical orientation and approach to the helping process	5.18	0.81	
20. Addresses power and privilege in supervision and counseling relationships	5.41	0.62	<ul style="list-style-type: none"> • In some cases, this needs to be explicit, but in other cases, it can more implicit
21. Teaches appropriate crisis intervention and prevention techniques	5.00	0.71	<ul style="list-style-type: none"> • Depends on setting, to some extent • This is a difficult one to do, simply because no two crises are the same. But to be available during or after the supervisee has dealt with the crisis, to process it and "normalize" their experience, I feel, are more important. • Again, the word "teaches" makes me concerned that this will be viewed as being done in limited ways • I agree – but it goes beyond "teaches"

			<ul style="list-style-type: none"> I think this is important; however, I think it is not as important as the current literature suggests in terms of specific competencies. It should always be taught.
22. Teaches appropriate consultation skills, including peer consultation	4.65	1.00	<ul style="list-style-type: none"> Seems like the job description is growing exponentially!! Seems like we are assuming that doc students will do everything that faculty do. I don't think that actually happens. Again, the word "teaches" makes me concerned that this will be viewed as being done in limited ways I agree – but it goes beyond "teaches"
23. Helps supervisee build/maintain positive working alliance with clients, including ruptures in therapeutic relationships	5.59	0.62	<ul style="list-style-type: none"> This one has many levels, i.e., poor skills, personality dispute, wounded healer/transference, countertransference
24. Initiates discussion of impact of multicultural influences in supervision and counseling	5.53	0.51	

25. Encourages supervisees to initiate discussion of the impact of multicultural influences with clients	5.00	1.22	<ul style="list-style-type: none"> We find timing on this is important. #24 is very important as a precursor to #25
26. Addresses supervisee's personal feelings and thoughts about counseling process (e.g., interpersonal relationships with clients, multicultural issues)	5.41	0.51	<ul style="list-style-type: none"> Slippery wording that could suggest/hint at "counseling" the supervisee
27. Models ongoing professional development and encourages same in supervisee (e.g., keeping current with counseling and supervision research, participating in professional organizations, attending professional conferences)	5.41	0.51	
28. Understands and properly utilizes technology across all aspects of the	4.71	0.69	

counseling and supervision

processes as applicable

29. Models and encourages

ongoing multicultural

growth and development

(e.g., keeping current with

5.12 0.60

multicultural counseling

literature, seeking

consultation on

multicultural issues)

-
- Don't think these two fit together well. And professional identity development is not, in my mind, related to client well being or producing competent counselors, but to the well being of the field. That's a good goal, but should not be confused with helping supervisees become skilled helpers.

30. Facilitates exploration

of supervisee's cultural and

5.00 0.71

professional identity

development

31. Balances interpersonal

process interventions with

5.12 0.70

task mastery interventions

-
- Not entirely sure what this means

32. Utilizes available

5.18 1.01

-
- This doesn't entirely fit with the

methods for facilitating
cognitive complexity and
critical thinking in
supervisee (e.g.,
Interpersonal Process
Recall)

33. Helps supervisees disengage from client successes and failures	4.94	0.56	<ul style="list-style-type: none"> • Wording unclear • This is a very simple sentence for a very complex process and concept. There is a lot that is lost in its brevity
34. Discusses stages of supervision and supervision style with supervisee	5.06	0.75	<ul style="list-style-type: none"> • I agree with discussing supervision style, supervision stages becomes confusing
35. Encourages supervisee to seek out licensure/appropriate credentialing	4.82	0.88	<ul style="list-style-type: none"> • If appropriate – gatekeeping • This doesn't seem like a competency (nor supervision specific) to me • Not a competency – more like a best practice
36. Understands and adheres to applicable laws and ethical codes pertaining to both counseling and supervision, and	5.94	0.24	

encourages same in
supervisee

37. Addresses vicarious

liability in supervision, and
safeguards client welfare,
intervening when necessary

5.41 0.62

38. Requires supervisees to

use appropriate informed
consent documents with
clients

5.53 0.72

39. Provides procedures
for reporting
child/vulnerable adult
abuse

5.47 0.62

- Again, this is the responsibility of the site where supervisees are doing their clinical work

40. Keeps supervision
records secure and
confidential

5.65 0.49

- Within the prescribed limits of confidentiality

41. Endorses supervisee
only when supervisee has
achieved the competencies
necessary, given their
developmental level

5.41 0.87

- We discourage doctoral students from endorsing supervisees. That is a faculty responsibility. However, we certainly discuss criteria for endorsement with doctoral students
- This is part of remediation (#14) in

			my opinion
42. Educates supervisee on			• Faculty responsibility
benefits/limits of			
professional liability	4.76	0.83	
insurance coverage			
43. Sets/maintains			• This is a professional and ethical
appropriate boundaries with			issue, but is it a competency?
supervisee, avoiding all			
sexual or romantic	5.82	0.73	
relationships; clearly			
expects same from			
supervisee with clients			
44. Is knowledgeable			• The definition of “knowledgeable”
about alternative helping			may be up for grabs
approaches and limitations	4.65	0.86	
of traditional therapies with			
diverse clients			
45. Facilitates			
understanding of the impact			
of oppression (e.g., racism,	5.29	0.69	
sexism, heterosexism) on			
supervisee and clients			
46. Teaches supervisee to	4.71	1.16	• We view these as part of cultural

assess and integrate clients’
spiritual beliefs into
treatment

context

- Respect for spiritual beliefs, yes, and integration (and assessment of what is there), yes, to the extent client wishes it. Acting as if the counselor is somehow expert in spiritual domain, absolutely not

47. Applies knowledge of

stages of counselor
development

5.53

0.51

48. Knows models of
supervision, and utilizes an
identifiable model or
justifiable hybrid of models

5.35

0.61

- I think knowledge of these is important, but use of all of them not essential
- Don’t have any real evidence that this is important in working effectively with supervisees to produce competent counselors

49. Has participated in
formal supervision training,
including supervision of
supervision

5.35

1.17

- Unclear how this is a competency? Sounds more like an experience than a competence
- This is mandatory, but is it really a competency?
- Rather than a competency itself, I see

this as the method of obtaining
minimum competency

- Not a competency

50. Demonstrates and provides rationale for use of a variety of supervision techniques (modeling, role playing, role reversal, Interpersonal Process Recall, microtraining, live supervision, live observation)	5.24	0.75	
51. Understands unique dynamics associated with individual, triadic, group, peer, and team supervision	5.29	0.59	<ul style="list-style-type: none"> • I think some direct exposure to all of these is important
52. Flexes between teacher, counselor, consultant, and mentor roles in supervision as necessary; provides explanation to supervisee when appropriate	5.12	1.32	<ul style="list-style-type: none"> • I believe boundaries should be clear. Supervision is not counseling, and a supervisor may or may not be a mentor. • Necessary only if working from a social role model of supervision

53. Terminates supervision appropriately	5.24	0.44	
54. Addresses psychodynamic processes in supervision and counseling (e.g., parallel process, transference, countertransference)	5.00	0.61	<ul style="list-style-type: none"> • More importantly, the supervisor should be able to recognize these processes • Understanding of these is important, but not necessary to incorporate if theoretically inconsistent
55. Establishes/maintains a strong, positive working alliance/relationship with supervisee, including repair of supervisory working alliance ruptures as necessary	5.59	0.51	<ul style="list-style-type: none"> • Again, this is a multi-layered one....boundaries, supervisor's own counseling needs....
56. Respects and values opinions and worldviews outside of one's own	5.53	0.62	<ul style="list-style-type: none"> • This is so basic, should it be a prerequisite?
57. Uses effective communication skills	5.53	0.51	<ul style="list-style-type: none"> • This is understood
58. Regulates and manages own emotions	5.47	0.80	<ul style="list-style-type: none"> • Although I do this on a regular basis in my supervision of supervision, does this rise to the level of a competency?

If it is a huge issue, I may request
supervisee to get counseling. It gave
me something to think about. Perhaps
it should be a competency.

59. Effectively manages multiple priorities	4.88	0.78	<ul style="list-style-type: none"> • Vague. Not sure what this is referring to • Although this is important and relates to burnout issues, I wonder if it rises to the level of a competency
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60. Encourages supervisee to act as an advocate when appropriate	4.53	1.42	
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APPENDIX N

DELPHI POLL – ROUND THREE

Item	Mean	SD	Comments
1. Encourages development of a culturally diverse caseload for breadth of supervisee skills	3.77	1.36	<ul style="list-style-type: none"> • I agree with the comments. It is hard to ensure clients assigned to interns will be diverse. Though as the contact with an off-site placement, this can be encouraged • This depends to a great extent on their previous experiences. In the end, I opted for “somewhat agree” based on the word “encourage” in the stem. If it were “require” or “expect” I would disagree • I really do not see this as a competency • Not rated – not a competency and wording unclear based on previous comments • I agree with the comments above and supervisees pursuing their licenses will generally not have much choice about their caseload. Ummm...I

think this is a good practice when appropriate, but I don't think it is a competency per se.

3. Develops and follows a
plan of supervision

4.56 0.78

-
- I see the plan as the counselors goals for supervision, and much like a treatment plan helps to "guide" the supervision rather than define or dictate it, the plan should be thorough and collaborative
 - Similar to the comments from Round Two, I agree that the wording of the stem may imply a sense of rigidity. I would mark this SA if the stem read "develops a plan of supervision and demonstrates intentionality in supervisory interventions"
 - While one should be able to establish a plan, flexibility necessary to meet the needs of the supervisee and their client
 - I agree with comments above, particularly the second and last ones. The plan is not the critical issue.

			<ul style="list-style-type: none"> I agree that a PhD level person should understand how to develop an appropriate plan for the individual supervisee that addresses the person's developmental level, skill deficiencies, and need growth
6. Complies with policies and procedures of the supervisees' work setting, given they fall within legal/ethical parameters	4.65	1.17	<hr/> <ul style="list-style-type: none"> This means the PhD supervisor has to be involved with the off-site placement and be familiar with the sites environment – integral for open communication with site and ultimately may impact the educative nature of the intern's experience. I agree that supervisors need to be aware of policies and procedures of the supervisees' work setting, but I am not sure compliance is a competency This is a work behavior, not a competency It is not the responsibility of the supervisor to comply with policies/procedures of the work
*This item re-worded based on comments from Round Two			

setting unless the supervisor also works there

- I agree yet believe the real competency is in thinking through issues and making decisions about compliance
- We do not do placements in locations in which policies are harmful or conflict with ethical requirements
- Still confusing to me. I don't know that a supervisor that is not employed by an agency, school etc has any obligation to abide by policy for another organization

10. When assessing supervisee, selects methods based on supervisee work setting, developmental level, and learning style

5.11 0.83

*This item was reworded based on comments from Round Two

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- I believe that PhD counseling graduates should be able to accurately assess the learning needs of supervisees and that this involves consideration of developmental level, learning style, and cultural factors more than work setting. How about something like sorry I did not mention this in Round Two!

			<ul style="list-style-type: none"> • I would encourage that this be done in collaboration with the supervisee • Methods are accreditation driven
12. Regularly evaluates quality of the supervision process, including feedback from supervisee, peers/outside evaluators, and self assessment	5.39	0.70	
13. Models being a reflective practitioner, preparing supervisees to self supervise	5.50	0.62	<ul style="list-style-type: none"> • Believe it should be; don't think it often is • This is an important element of quality supervision. By modeling cognitive counseling skills (i.e., reflecting on the process of hypothesis formation, intervention selection, etc) the supervisor demonstrates self-supervision
14. Develops and executes clearly communicated remediation plans as necessary	4.83	0.92	<ul style="list-style-type: none"> • Should be in conjunction with the faculty-advisor and/or supervisor of supervision – developing competency for PhD student supervisor • Same as comment stated in Round

Two

- Done in collaboration with supervising faculty?
- Perhaps the key word is execute. Doc students need to develop this knowledge but do not, should not have to execute a remediation plan in a non-faculty role
- Think there are problems here, however as supervisors generally don't have that kind of authority over supervisees. Can "fire" them or refuse to endorse them
- I agree with the comment above, though I think a doc student should be able to contribute to this if appropriate

17. Demonstrates competence in domains being supervised (e.g., case management, reporting, documentation, counseling skills, diagnosis, treatment planning, case	4.39	0.85	<ul style="list-style-type: none"> • Yes, knowing when to consult should be included • I would suggest changing "competence" to "Demonstrates appropriate (or adequate) knowledge in domains..." • Agree that there needs to be some
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conceptualization, specific
client populations, and
client assessment and
evaluation)

knowledge of the domains listed, but
those domains do not apply to all
settings

- Statement does seem quite broad and inclusive. No way to indicate SA on some and A on others....
- I agree with the comment that the competency may be knowing when to consult
- Again, agree with previous comments, particularly that supervisors need to know when to consult

22. Teaches appropriate
consultation skills,
including peer consultation

4.11 1.23

-
- Perhaps models and facilitate intern to seek consultation, including peer consultation
 - I agree with the spirit of this competency but would suggest using phrasing such as “facilitates the development of appropriate consultations skills” rather than teaches
 - I think this is outside the role of

			supervision as currently stated
			<ul style="list-style-type: none"> Perhaps replace “teaches” with models, reinforces, and encourages
25. Encourages supervisees to initiate discussion of the impact of multicultural influences with clients	5.22	0.65	<ul style="list-style-type: none"> I think of a competency in terms of Blooms taxonomy, but “encourages” doesn’t seem to fit within that framework, “models?” “teaches?”
32. Utilizes available methods for facilitating cognitive complexity and critical thinking in supervisee (e.g., Interpersonal Process Recall)	5.11	0.68	<ul style="list-style-type: none"> I strongly agree with competency #32 AND agree with the comment noted, so would suggest changing the parenthetical example I agree with the end goal stated, but again question the example of method cited Absolutely with regards to critical thinking. IPR wouldn’t be on my list, nor would any other specific method for doing this
35. Encourages supervisee to seek out licensure/appropriate credentialing	4.06	1.31	<ul style="list-style-type: none"> Again, this is a gatekeeping responsibility for the profession, so may not be appropriate. Not a competency as written

- Again, agree with the spirit, to me this is encouraging professional identity and at the same time, I agree with the comments that this is not a competency per se
- More of a professional mentoring than supervision competency?
- This doesn't seem like a competency
- Not a competency. Important, but not a competency
- Not a competency
- Same comment re: Blooms taxonomy. "Encourages" doesn't seem strong enough to rise to level of competency. "Is knowledgeable?"

41. Endorses supervisee only when supervisee has achieved the competencies necessary, given their developmental level

4.83 0.99

- I agree with the comment from Round Two – development of the PhD student supervisor
- I agree that ethical supervisors endorse individuals only for those courses and position for which they have demonstrated competence, but that the act of endorsing is not the

competency. I would say that the actual competency is that PhD counseling graduates can discern when supervisees have developed the knowledge and skills required for ongoing course work, graduation, and for specific positions if providing endorsement. Hope that made sense!

- Perhaps this is an ethical issue, not a competency.

44. Is knowledgeable about alternative helping approaches and limitations of traditional therapies with diverse clients	4.39	1.15	<ul style="list-style-type: none"> • Perhaps this is also an ethical issue • Perhaps aware of recognized benefits and limitations • Not sure what alternatives you mean
46. Teaches supervisee to assess and integrate clients' spiritual beliefs into treatment	4.61	1.15	<ul style="list-style-type: none"> • I strongly agree that being able to assess and integrate spiritual beliefs is a specific cultural competence. I would suggest some minor wording changes to more clearly identify supervisory competence (using language in ASERVIC competencies). For example,

something like, “facilitates the supervisee’s ability to effectively assess and address spiritual beliefs of clients as these relate to client problems and enhancing well-being.”

- This is a cultural or even an ethical issue to do this.....but is it a competency? I don’t think so
- Respect and integrations, yes.
Evaluation, no. being “expert” no.
being curious and teachable about how clients spiritual beliefs impact clients life or enhances resiliency, yes.
- Spirituality, for me, fits within a multicultural framework. This is one component of multiculturally sensitive/competent supervision
- Teaches would not be word I would use. Perhaps facilitates discussion and implementation of....
- When appropriate

49. Has participated in
formal supervision training,

4.17 1.79

-
- Not a competency, but certainly should be required

including supervision of
supervision

- In reflecting on comments made in Round Two, although I strongly agree that PhD counseling graduates should have participated in formal supervision training, that this is not actually a competency.
Demonstration of knowledge and skills that one learns through that supervision training (e.g., engages in sound informed consent practices with supervisees, provides formative feedback in ways that supervisees can utilize, etc.) are the competencies.
- Previous comments make sense; this is not really a competency when I stop to think about it
- This should be a required experience, but it is not a competency
- Not a competency
- Not a competency. By the way, some of the best supervision I've ever had has come from people who did not have formal supervision training

			<ul style="list-style-type: none"> • Not a competency
52. Flexes between			
teacher, counselor,			<ul style="list-style-type: none"> • Accreditation standards make it clear
consultant, and mentor			that supervisors are not to be the
roles in supervision as	4.78	1.31	supervisee's counselor
necessary; provides			
explanation to supervisee			
when appropriate			
60. Encourages supervisee			<ul style="list-style-type: none"> • Is this a supervision "competency?"
to act as an advocate when	4.94	1.06	<ul style="list-style-type: none"> • "Empowers" v. "encourages"?
appropriate			<ul style="list-style-type: none"> • more context really needed

VITA

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M.A.	Counseling	University of Alabama at Birmingham	March 1998
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Professional Experience:

Private Practice	Birmingham, AL & Norfolk, VA	1998 – 2011
Business Consultant	Birmingham, AL	1998 – 2009
Site Coordinator & Trainer	Christian Women's Job Corps (National)	1997 – 2005
Executive Recruiter	Winston Resources; Sole Practitioner	1985 – 1997

Selected Professional Service:

Editorial Review Board	Counseling Outcomes Research & Evaluation	2011
Editorial Review Board	Journal of Humanistic Counseling	2010 – 2013
SACES Awards Rep	Assn for Cnselor Edcation & Supervision	2010 – 2012
Content Session Reviewer	American Counseling Association	2009 – 2011

Selected Accomplishments:

CSI International Outstanding Practitioner Supervisor	2010
AMHCA Mental Health Counselor of the Year	2009
CSI International Outstanding Practitioner	2003

Publications

Hays, D., Michel, R., **Neuer, A.**, & Bayne, H. Healthy relationships project: An evaluation of a dating violence prevention program. *Journal for Specialists in Group Work*, UNDER REVIEW.

Davis, J., Michel, R., **Neuer, A.**, & Slaughter, J. (2011). The doctoral student ethical scenario: The Case of Callie. *VISTAS (counselingoutfitters.com)* – *in press*.

Neuer, A. (2010, March). Should the national debate about health care reform include the delivery of counseling services as a covered treatment? Why? Winning entry for ACA Foundation Graduate Student Essay Contest, *Counseling Today*, a publication of the *American Counseling Association*, 52:9.